



AUTOMATIC WITHDRAWAL/CANCELLATION OF INSURANCE PREMIUMS FOR THE TEXAS EMPLOYEES GROUP BENEFITS PROGRAM (GBP)

Information provided to Employees Retirement System of Texas (ERS)
is maintained for managing your benefits.
If you have questions about your information, or believe that information
provided to ERS may be incorrect, please notify ERS.
PLEASE PRINT IN BLACK INK

Please send this completed form to:
ERS
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
(877) 275-4377 toll-free

SECTION 1: START/CHANGE AUTOMATIC WITHDRAWAL

I, _____ (account owner), hereby authorize ERS to electronically withdraw the amount of the monthly GBP insurance premium for the GBP participant listed below from the indicated account. I also authorize the financial institution named below to debit such amounts from the account. This authorization will remain in effect until I have cancelled it in writing by completing the Cancel Automatic Withdrawal Authorization section or I no longer have any out-of-pocket premiums. I understand that all insurance premium payments must be current before automatic withdrawal of my insurance premium will begin. Cancellation or changes to the automatic withdrawal must be post-marked by the 20th of the month to be effective for the following month.

Participant Name	Last 4 Digits of SSN
	XXX-XX-
Name of Account Owner	Name of Bank/Financial Institution

Account type: Checking Savings

Routing Number:

Account Number: _____

	9999
\$ _____	
:000000000 :000 000 000 :0000	
①	②

① Routing Number
② Account Number

Signature of account owner

Date

Signature of insurance plan participant

Date

SECTION 2: CANCEL AUTOMATIC WITHDRAWAL AUTHORIZATION

I, _____ (account owner), hereby authorize ERS to cancel my enrollment in the Automatic Premium Collection Program for insurance premiums. I understand that I am cancelling my participation in the automatic withdrawal of GBP insurance premium. I understand that if I wish to continue the insurance coverage through the GBP I must pay the future insurance premiums by check or money order directly to ERS. Cancellation or changes to the automatic withdrawal must be postmarked by the 20th of the month to be effective for the following month.

Signature of account owner

Date

Signature of insurance plan participant

Date