

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.

Complete a separate form for each dependent child to be covered.

Note: If you certify online, you do not need to complete this form, unless requested due to a dependent eligibility audit.

You may certify your dependent either by:

- Using your online account at **www.ers.state.tx.us**, or
- Active employees: may send this completed form to your benefits coordinator or HHS Employee Service Center, or
- Other members: may send this completed form to:

**Employees Retirement System of Texas
Customer Benefits**

P.O. Box 13207

Austin, Texas 78711-3207

(866) 399-6908 Toll-free

SECTION A: PERSONAL DATA

Dependent Tobacco User Certification: If your dependents are enrolled in the GBP health plan, you must certify below if your dependents used any type of tobacco product more than 5 times in the last 3 months. This includes but is not limited to cigarettes, pipes, cigars, cigarillos, snuff, or chewing tobacco products.

Employee/Retiree Name: First, MI, Last		Social Security Number (SSN)		Employee ID	
Agency Name			Dept ID/Agency Number		
Legal Name of Child: First, MI, Last		Child's Social Security Number (Required for 12 months or older)		Child's Birth Date mm/dd/yyyy	Tobacco User
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you certified your dependent as a tobacco user, and a physician says your dependent can't quit, ERS must receive a completed Physician Affidavit available at **www.ers.state.tx.us** or by calling ERS.

If you certified your dependent as a tobacco user, and your dependent stops using tobacco for three consecutive months, you must complete a Non-Tobacco User Affidavit Form (ERS 2.937) available at **www.ers.state.tx.us** or recertify using your online account at **www.ers.state.tx.us**.

SECTION B: DEPENDENT CHILD CATEGORY

Pick one true statement to certify dependent eligibility:

_____ 1. I certify this child is my: (check one, a. through f.)

- ___ a. natural child,
- ___ b. adopted child,
- ___ c. foster child,
- ___ d. stepchild,
- ___ e. court-appointed ward, or
- ___ f. child under managing conservator.

-OR-

_____ 2. I certify:

- this child is related to me by blood or marriage
- AND**
- was claimed as a dependent on my federal income tax return in the previous calendar year
- AND**
- I will continue to claim this child on my federal income tax return for every year the child is enrolled.

- OR -

_____ 3. I certify:

- this child is related to me by blood or marriage and was not claimed on my federal income tax return for last year because the child was born in the current calendar year

AND

- will be claimed on my federal income tax this year and for every year the child is enrolled.

- OR -

_____ 4. I certify this child is related to me by blood or marriage and is eligible for benefits in the Texas Employees Group Benefits Program due to good cause and I have read and understand the definition of good cause provided below.

Definition of Good Cause: Good cause means that you cannot certify this child under items 2 or 3 above because of unexpected circumstances that required you to take parental responsibility for the child this year. You may not certify the child for good cause unless you will legally claim the child as your dependent for federal income tax purposes in this current year.

Member Comment – Only complete this box if you choose Option 4.

SECTION C: CERTIFICATION

I understand I may be asked to show documentation to support my selection. False information could lead to expulsion from the Texas Employees Group Benefits Program and/or criminal prosecution.

Signature of Employee/Retiree

Date Signed (mm-dd-yyyy)

Tobacco Use Certification: I certify my understanding and agreement to the following: “Tobacco Products” are cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco, and a “Tobacco User” is a person who has used any Tobacco Products five (5) or more times within the past three (3) consecutive months. If I (or any of my covered dependents): 1) have used Tobacco Products as a Tobacco User; or 2) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. All premium charges will be prospective. I will not be refunded any part of the Tobacco User premiums. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud. If you certified yourself or any of your dependents as a tobacco user, and a physician says you or they can’t quit, ERS must receive a completed Physician’s Affidavit form (ERS 2.936) available at www.ers.state.tx.us, or by calling ERS. If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco for three consecutive months, you must complete a Non-Tobacco User Affidavit Form (ERS 2.937) available at www.ers.state.tx.us, or recertify using your online account at www.ers.state.tx.us.