



**APPLICATION FOR
GROUP BENEFITS ADVISORY COMMITTEE (“GBAC”) POSITION**

The completed application form and any supplemental information provided is public and subject to disclosure under the Texas Public Information Act, unless deemed confidential by ERS consistent with applicable law.

Your application must be submitted in this format. Please do not retype or reformat.

Please note that a resume must accompany this application, but it will not be accepted in lieu of the application.

Applicant Name:	
Primary Phone Number:	Secondary Phone Number:
Email Address:	
Home Address: (Street, City, State, Zip)	
Employer Name: (If retired, please write “retired” below)	
Employer Address:	Position / Title:
Briefly explain why you want to serve on the ERS Group Benefits Advisory Committee. Describe any unique skills, experiences or perspectives you will bring to the Committee.	

Volunteer groups, commissions or public governance boards on which you have served:

Professional licenses, certifications or memberships:

I have reviewed the GBAC Governance Charter and, if appointed, I agree to abide by all Committee demands, standards and commitments as stated in the GBAC Governance Charter. Confirm

If appointed, I certify that my appointment, to the best of my knowledge, creates no perceived or actual conflicts of interest. If a conflict of interest were to arise during my tenure, I agree to disclose the conflict of interest immediately upon identification to the Committee Chair, the Board Chair and the ERS Executive Director in writing. Confirm

For non-retired applicants: If selected by ERS staff to be recommended for a seat on the Committee, I certify that my employer is aware and supportive of my application to serve on this Committee. Confirm

Membership Requirements

Applicants must meet and comply with the following requirements for Committee consideration:

- (1) Eligible employee and retiree representatives must have been enrolled in the GBP for at least one (1) year prior to appointment. (This requirement does not apply to academics, administrators or consultants who are ineligible for GBP participation.)
- (2) No two appointees may be actively employed by the same entity.
- (3) Active employees of ERS, a legislative agency or office or a statewide elected office with oversight of ERS operations are prohibited from serving on the Committee.
- (4) Committee appointees representing health insurance or benefit design consultants or professionals may not be engaged in a contract with ERS or be participating as a subcontractor to a vendor engaged in a contract with ERS.
- (5) Committee members will attend scheduled meetings. Multiple meeting absences may be considered as reason for removal from the Committee.
- (6) Employed Committee members must notify ERS staff of any change in employment.
- (7) Committee members serve at the will of the ERS Board of Trustees and may be removed at any time at the discretion of the Board.

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I understand that any misstatement, misrepresentation, or omission of a fact may result in my disqualification as an applicant for the GBAC. I further certify I have read and understood the GBAC eligibility and membership requirements contained in the [GBAC Governance Charter](#).

I authorize any of the persons or organizations referenced in this application and supplemental documents to provide ERS, or its representatives, information concerning my employment history. I release all such parties from all liability from any damages which may result from furnishing such information to ERS or its representatives.

My resume is enclosed as requested.

Signature of Applicant

Date

Printed name

Employer's Consent for Applicant to Serve on GBAC

I hereby certify that _____ is granted permission to serve on the GBAC as a representative of this organization. I understand that the Committee will convene, at a minimum, two (2) times each year during regular business hours at ERS' offices in Austin, Texas.

Signature of Employer

Position/Title

Date

Printed Name

Phone Number

Return to:
Employees Retirement System of Texas
Attention: Executive Office
P.O. Box 13207
Austin, Texas 78711-3207
www.ers.texas.gov