



Insurance Enrollment Record Faculty/Staff

Rev. 11/2016

Please complete the following and return this form to Human Resources as soon as possible. This is the minimum information needed to create a record in the online system.

Social Security Number _____ Texas State ID A _____

Hire Date _____ Job Title _____

Name _____
First MI Last

County (residential or work) _____

County determines which health plans you are eligible for. You must live or work in the service area of the plan selected. You may change your county when you enroll for coverage. San Marcos is in Hays County.

Mailing Address _____

City State Zip

Insurance ID cards will be sent to this address. You may change your address any time by contacting Human Resources.

Gender Male Female Date of Birth _____

Email address : _____@txstate.edu

Employee Tobacco User Certification: If you are enrolling in the GBP health plan, have you used any type of tobacco product 5 or more times in the last 3 months? This includes but is not limited to cigarettes, pipes, cigars, cigarillos, snuff, or chewing tobacco products. Yes No

Do you currently have insurance coverage through the State of Texas (as an employee or a dependent)? This includes coverage through the Employee's Retirement System of Texas (ERS), The UT System, or the TAMU System. Yes No

For HR Use Only:

Monthly Salary: _____ FTE: _____ Fund: _____

EMP CLASS: TRS ORP Direct Transfer YES NO TRS Active YES NO

Active Benefits YES NO RET PLAN: _____ 99DS _____ 9T90 _____