

Insurance and Retirement Notification

Employee Name - Last, First, MI	Social Security Number	Date of Hire
	XXX-XX-	

This notification is to inform you that you have 30 days from your Date of Hire to make changes to your Optional Coverage. Your optional coverage choices are: Dental, Optional Term Life, Dependent Term Life, Voluntary AD&D, Short Term Disability, and/or Long Term Disability and TexFlex Reimbursement Accounts (DCRA and/or HCRA). If you make a 30 day change, the insurance change will be effective the first of the month following the day the change was entered. Your Health Coverage Date (HCD) will be the first of the month following the 60-day waiting period. Any health coverage change that you make during the waiting period will be effective the first of the month following the 60th day.

1. HealthSelect participants are required to complete the Texas Employees Group Benefits Program (GBP) Supplemental Information Form. If you are a HealthSelect In-Area participant you can receive the highest level of benefit for the least expense by choosing and utilizing a Primary Care Physician (PCP). A PCP may be selected by mailing the completed form to HealthSelect; or by calling the HealthSelect Customer Service toll-free number.
2. Health Maintenance Organization (HMO) participants are required to complete the GBP Supplemental Information Form to select a Primary Care Physician (PCP) within 30 days of the effective date of coverage. If a PCP is not selected, the HMO carrier will assign one for you. A PCP may be selected by mailing the completed form to the HMO; or by calling the HMO customer service toll-free number.
3. Dental DHMO (Administered by Humana Dental, Inc.) participants are required to complete the Dentist Selection form to select a participating dentist from the provider list.
4. I understand that if I fail to make changes to my Optional Coverage choices within 30 days of my hire date or make changes to my health coverage before my Health Coverage Date, I may be ineligible to make any changes until Summer Enrollment (July - August) or, if I have a Qualifying Life Event (within 30 days of the event) and some coverages may require Evidence of Insurability (EOI).

In addition, retirement contributions for new employees will be effective the first of the month following the 90-day waiting period for membership in the employee class. A former employee who is rehired following a break in state service of more than one calendar month will be subject to the 90-day waiting period.

I acknowledge by signing this document that I have been informed and understand all items presented in this Insurance and Retirement Notification.

Signature

Date

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the agency collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code, you are also entitled to request, in accordance with the agency's procedures, that incorrect information that the agency has collected about you be corrected.