
**Benefits Proportional by Method of Finance Section III —
Adjustment Notification (Institutions of Higher Education)**

Date: _____

Submitted to: _____ Employees Retirement System
(ERS Accounting Division)
P.O. Box 13207, Austin, TX 78711-3207
Email to: fax_general_acctg@ers.texas.gov

_____ Teacher Retirement System
(TRS Benefit Accounting)
1000 Red River, Austin, TX 78701-2698
Email to: reporting@trs.texas.gov

Institution Name: _____

Agency Number _____

Compliance with SB 1, Article IX, Section 6.08, 87th Legislature, Regular Session, requires a proportional adjustment for the following benefit expenditures:

_____ Group Insurance

_____ Adjustment due to ERS
for \$ _____ on Document Number _____

_____ Teacher Retirement System TRS District Number _____ *

_____ Credit due from TRS
for \$ _____ Payable to Vendor ID/Mail Code _____

_____ Adjustment due to TRS
for \$ _____ on Document Number _____

Institution Contact _____

Phone _____

Address _____

* If you do not know the four-digit TRS district number assigned to your agency, please call 1-800-433-5734.
