SAMPLE

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

11/19/20XX

Date:

Submitted to:	Employees Retirement System (ERS Accounting Division) P.O. Box 13207, Austin, TX 78711- Email to: fax_general_acctg@ers.tex	3207 cas.gov		
_✓	Teacher Retirement System (TRS Benefit Accounting) 1000 Red River, Austin, TX 78701-2 Email to: reporting@trs.texas.gov	2698		
Institution Name: Sam	ple University		Agency Number _	123
Compliance with F following benefit e	HB 1, Article IX, Section 6.08, 88th Le expenditures:	gislature, Regular Session, requir	es a proportional adjustment for the	e
Group Insu	ırance			
	or \$ 5,622,931.19	on Document Nu	ımber <u>T1234559</u>	
Teacher R	etirement System	TRS District Nu	ımber*	
	edit due from TRS \$	Payable to Vendor ID/Mail	Code	
	justment due to TRS \$_1,272,318.38	on Document Nu	umber <u>T1234568</u>	_
Institution Conta	act Sample Contact Name		Phone (###) ###-##	##
Addre	Address Sample Institution Address Line 1			
Address Line 2, City, State and ZIP code				

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