

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 200-C – ADDITIONAL CONTRIBUTION REQUEST

(PLEASE TYPE OR CLEARLY PRINT)

GOVERNMENTAL ENTITY NAME AND ADDRESS:			
GOVERNING ENTITY:			
MAILING ADDRESS:			
CITY STATE ZIP:		PHONE NO:	
NAME OF PERSON WITH AUTHORITY TO SIGN CONTRACTS ON BEHALF OF GOVERNING ENTITY:			
NAME:		TITLE:	
EMAIL ADDRESS:			

PARTICIPATING DEPARTMENT NAME AND ADDRESS:			
DEPARTMENT NAME:			
MAILING ADDRESS:			
CITY STATE ZIP:		PHONE NO:	
NAME OF PERSON WITH AUTHORITY TO SIGN CONTRACTS ON BEHALF OF LOCAL BOARD:			
NAME:		TITLE:	
EMAIL ADDRESS:			

ADDITIONAL CONTRIBUTION:	
TOTAL ADDITIONAL CONTRIBUTION AMOUNT	PROPOSED MONTH TO APPLY ADDITIONAL CONTRIBUTION
\$	

CONTACT:			
NAME:			
MAILING ADDRESS:			
CITY STATE ZIP:		PHONE NO:	
EMAIL ADDRESS:			

INSTRUCTIONS:

- 1) Complete the above information and fax or mail this form to TESRS (see below).
- 2) BE SURE TO INCLUDE EMAIL ADDRESSES WHERE INDICATED!
- 3) TESRS will prepare and send via DocuSign® a contract amendment reflecting the Additional Contribution to the Governing Entity and Local Board signatories for e-signatures.
- 4) The Additional Contribution, based on the number of Active TESRS Members during the month, will be applied in addition to the applicable month's TESRS Contribution Rate.