

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 200-B – CONTRIBUTION CHANGE REQUEST

(PLEASE TYPE OR CLEARLY PRINT)

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

3. MONTHLY CONTRIBUTION CHANGE REQUEST:		
CURRENT MONTHLY CONTRIBUTION RATE:	PROPOSED MONTHLY CONTRIBUTION RATE:	CONTRIBUTION CHANGE EFFECTIVE DATE:
\$	\$	

4. GOVERNMENTAL ENTITY NAME AND ADDRESS:			
GOVERNING ENTITY:			
MAILING ADDRESS:			
CITY STATE ZIP:		PHONE NO:	

5. NAME OF PERSON WITH AUTHORITY TO SIGN CONTRACTS ON BEHALF OF GOVERNING ENTITY:			
NAME:		TITLE:	
EMAIL ADDRESS:			

6. ADMINISTRATIVE 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 contribution change to the Local Board and Governing Entity signatories for e-signatures.
- 4) If applicable, TESRS will issue a supplemental invoice for any retroactive monthly contributions that are subject to this change as indicated by the effective date of the contribution change stated in the contract amendment.