

PENNSYLVANIA EMPLOYEES BENEFIT TRUST FUND
ATTESTING TO OTHER COVERAGE DUE TO PLAN CHANGE
EFFECTIVE 4/1/2021 THROUGH 12/31/2021

Notice

Beginning April 1, 2021 through December 31, 2021, you may make changes to your PEBTF health benefits (medical and/or Supplemental Benefits (prescription drug, vision, dental and hearing aid) outside of open enrollment and without a qualifying life event. You have elected to either terminate your medical coverage or all of your current coverage through the PEBTF. It is a requirement that you attest in writing that you are enrolled, or immediately will enroll, in other health coverage not sponsored by the PEBTF.

Employee Name:	Employee Number:	Employee Date of Birth:

Signature:

I attest that I am enrolled in, or immediately will enroll in, one of the following types of coverage: (1) employer-sponsored health coverage through the employer of my spouse or parent; (2) individual health insurance coverage enrolled in through the Health Insurance Marketplace (also known as the Health Insurance Exchange); (3) Medicaid; (4) Medicare; (5) TRICARE; (6) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); or (7) other coverage that provides comprehensive health benefits (for example, health insurance purchased directly from an insurance company or health insurance provided through a student health plan).

Employee Signature

Date

PEBTF
150 S. 43rd Street, Harrisburg, PA 17111