

PEBTF

Employer Benefit Verification Form For Employees Hired on or After 8/1/2003

****Form must be submitted within 30 days of signature date****

The Pennsylvania Employees Benefit Trust Fund (PEBTF) provides health benefits to Commonwealth of Pennsylvania employees and retirees. The below-referenced member is enrolled in PEBTF health benefits as a spouse of a commonwealth employee. For employees hired on or after 8/1/03, PEBTF eligibility rules require that the spouse **must** take their own employer's health benefit coverage even if they have to pay for the coverage or if the employer offers an incentive to decline the coverage. The spouse must have primary coverage through their employer's coverage and may remain on PEBTF benefits for secondary coverage.

To be completed by the PEBTF employee member Please print information below

1. Commonwealth employee's name:	
2. Commonwealth employee number:	
3. Commonwealth employee's date of birth (mm/dd/yyyy):	
4. Spouse's name:	
5. Spouse's date of birth (mm/dd/yyyy):	
6. My spouse is employed:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7. My spouse is retired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Employee's signature:	

To be completed by an authorized representative of the spouse's employer:

9. Company name:	
10. Is the spouse eligible for health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No (sign and date form)
11. If yes, please indicate the date that the spouse became eligible for benefits.	Initial Eligibility Date (mm/dd/yyyy): _____
12. Is the spouse currently enrolled in your company's health insurance?	<input type="checkbox"/> Yes Effective Date of Enrollment (mm/dd/yyyy): _____ <input type="checkbox"/> No Last Date of Coverage (mm/dd/yyyy): _____

Employer Representative (print name)

Title

Employer Representative Signature

Date

Telephone Number

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