

# PEBTF

## Employer Benefit Verification Form

For Retirees, Who as Active Employees, Were Hired on or After August 1, 2003

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

The Retired Employees Health Program (REHP) provides health benefits to retirees. The below-referenced member is enrolled in REHP non-Medicare health benefits as a spouse of an REHP retiree member. For retirees, who as active employees, were hired on or after August 1, 2003, REHP eligibility rules require that the spouse **must** take their own employer's health benefit coverage (as an employee or retiree) 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 (as an employee or retiree) and may remain on REHP benefits for secondary coverage.

### To be completed by the REHP retiree member Please print information below

1. Commonwealth retiree's name:	
2. Last 4 digits of retiree's Social Security Number:	
3. Commonwealth retiree'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. Retiree'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 (either as an employee or retiree)?	<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 their 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. 43<sup>rd</sup> Street, Harrisburg, PA 17111