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/domestic partner of a commonwealth employee. For employees hired on or after 8/1/03, PEBTF eligibility rules require that the spouse/domestic partner **must** take his or her own employer's health benefit coverage even if he or she has to pay for the coverage or if the employer offers an incentive to decline the coverage. The spouse/domestic partner must have primary coverage through his or her 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/domestic partner's name:	
5. Spouse/domestic partner's date of birth (mm/dd/yyyy):	
6. My spouse/domestic partner is employed:	☐ Full-Time ☐ Part-Time
7. My spouse/domestic partner is retired:	☐ Yes ☐ No
8. Employee's signature:	

To be completed by an authorized representative of the spouse's / domestic partner's employer:	
9. Company name:	
10. Is the spouse/domestic partner eligible for health insurance?	☐ Yes ☐ No (sign and date form)
11. If yes, please indicate the date that the spouse/domestic partner became eligible for benefits.	Initial Eligibility Date (mm/dd/yyyy):____________
12. Is the spouse/domestic partner currently enrolled in your company's health insurance?	☐ Yes Effective Date of Enrollment (mm/dd/yyyy):______________ ☐ 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

PEBTF-36
1/2016