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www.pebtf.org



May 24, 2021

**TAKE ACTION TO CONFIRM YOUR
SPOUSE IS STILL ELIGIBLE FOR
PEBTF BENEFITS.**

DEADLINE AUGUST 2, 2021

<Member name>
<Address>
<Address 2>
<City, State Zip>

Dear <Member>:

According to our records, you have a spouse enrolled on your Pennsylvania Employees Benefit Trust Fund (PEBTF) health benefits. You must confirm that your spouse is still eligible for benefits. If you do not complete the required steps listed below by August 2, 2021, your spouse will be terminated from coverage effective August 3, 2021.

Employees hired on or after August 1, 2003, are subject to the following eligibility rules for spouse coverage:

- If your spouse is eligible for medical, prescription drug or supplemental benefit (vision, dental or hearing aid) coverage through their own employer, your spouse **must** take their employer's coverage as primary coverage regardless of any employee contribution your spouse must pay and regardless of whether your spouse had been offered an incentive to decline such coverage. PEBTF coverage for your spouse is limited to secondary coverage.
- If the employer of your spouse does not offer benefits, or if your spouse is self-employed, then your spouse is eligible for PEBTF primary coverage.

If your spouse is eligible for PEBTF coverage based on the rules listed above, and if you wish to continue coverage for your spouse, **you must complete the following steps by August 2, 2021:**

- Complete an online attestation (formal certification). Visit www.pebtf.org and click on the box at the bottom of the home page titled **"Spouse Attestation"** to begin the process; **or** complete the Declaration of Spouse Health Coverage Form (PEBTF-11), which can be found at www.pebtf.org under Publications & Forms; **AND**
- If you indicate on the attestation that your spouse is employed but **not** offered health benefit coverage, your spouse's employer must complete the Employer Benefit Verification Form (PEBTF-36). The form may be found at www.pebtf.org under Publications & Forms.

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- For the online attestation, you may upload any required documents or forms. You must have all documents saved before you start the process. File type must be .JPG (.JPEG), .TIFF (.TIF) or PDF. File size cannot exceed 4 MB.
- If you prefer, you may print the form(s) and fax the completed form(s) to the PEBTF at 717-307-3371 or email a copy to eligfax@pebtf.org. You may also upload the form(s) by following the instructions on www.pebtf.org. Make sure you have your documents ready to upload at the time you complete your attestation.

You will receive a confirmation letter when you have completed the attestation process.

If you do not complete the attestation and, if applicable, provide a completed Employer Benefit Verification Form (PEBTF-36) and/or a copy of your spouse's medical insurance card if they have other coverage, postmarked, faxed, emailed or uploaded to the PEBTF by August 2, 2021, your spouse will be terminated from PEBTF health coverage effective August 3, 2021.

If you have any additional questions, please contact the PEBTF at one of the above-listed telephone numbers and a Benefit Services Representative can assist you.

Sincerely,

Beth Jumper

Beth Jumper
Director of Eligibility