

**PENNSYLVANIA EMPLOYEES BENEFIT TRUST FUND
DECLARATION OF SPOUSE HEALTH COVERAGE
Employees Hired on or after August 1, 2003**

The Trustees of the PEBTF require information regarding group health coverage available to the spouse of Commonwealth employees. Spouse enrollment in the PEBTF requires primary coverage under the spouse's employer's group health plan, if available, regardless of any cost to my spouse. This information will only be used to confirm spouse health coverage and for coordination of benefits purposes.

Employee _____ Social Security Number _____

Spouse name _____ Spouse Social Security Number _____

_____ My spouse is not currently employed outside the house, or is self-employed

_____ My spouse is employed/retired by: Name _____

Address _____

Phone number _____

Spouse Employer's Health Coverage

_____ My spouse is eligible for group health coverage through his/her employer and is currently covered by his/her employer's health insurance.

_____ Medical

_____ Dental

_____ Vision

_____ Prescription Drug

_____ My spouse's employer does not offer group health coverage for which he/she is eligible.

_____ My spouse is eligible for group health coverage through his/her employer, but has declined such coverage.

Signature: I declare that the foregoing information is true and correct to the best of my knowledge, information and belief. I understand that the PEBTF reserves the right to suspend or terminate my PEBTF group health coverage if it concludes I have provided false or misleading information in this Declaration. I understand that if my spouse's employer offers group health coverage, my spouse must enroll in his/her employer's plan regardless of any cost to my spouse. I understand that if my spouse does not so enroll, he/she is ineligible to be covered as a dependent in the PEBTF. Finally, I understand that my spouse's group health plan from his/her employer is his/her primary insurance plan. The PEBTF Plan will only consider claims for payment that have first been submitted to my spouse's employer's plan. If my spouse should change employment or his/her eligibility for health coverage should change, I am required to notify my local Human Resources Office and complete an updated Declaration of Spouse Health Coverage.

Signature of PEBTF Member

Date