

How Do I Remove Myself or My Dependents From PEBTF Benefits?

You'll need:

- A qualifying event to make this change (outside of open enrollment)
- [Employee Enrollment/Change Form \(PEBTF-2\)](#)
- If terminating a domestic partnership, [Individual Domestic Partnership Termination Statement \(PEBTF-13\)](#)

What you need to know:

- Outside of open enrollment, removal of a dependent from benefits or terminating your benefit coverage must be executed within 60 days of a qualifying event.
- Qualifying events include but are not limited to:
 - Divorce, Termination of Domestic Partnership, or Death
 - Dependent ceases to be eligible for coverage under the terms of the Plan
 - Becoming newly eligible for benefits through a spouse or domestic partner's employer.
 - Becoming eligible for coverage under Medicare Part A or Part B
 - Change in residence which will cause ineligibility for the enrolled health plan
 - If you are uncertain as to whether or not you have a qualifying event, call the HR Service Center.
- If you are removing any dependent due to divorce or the termination of the relationship, it is in your interest to remove them from benefits as soon as possible. If this is not completed timely, you may be held financially liable for any services utilized by these individuals after the ending of the relationship.

How to make it happen:

- Open Employee Enrollment/Change Form (PEBTF-2)
 - For ending your coverage only:
 - Complete sections 1 through 5, & 8
 - For ending all dependent coverages:
 - Spouse/Partner - complete sections 1, 2, 6, 8
 - Other dependents – complete sections 1, 2, 6, 7, 8
 - If you are ending a domestic partnership enrollment due to the ending of that relationship, complete the Individual Domestic Partnership Termination Statement (PEBTF-13). Do not use if you are not ending the relationship but need to remove the partner for any other reason.

How do I get it to you?

- If your agency is served by the HR Service Center:
 - Fax your completed forms to 717.425.7190
 - Scan and email your completed forms to RA-HRSCemployeeSvcs@pa.gov
 - Mail to the HR Service Center at the address below.

If your agency is not served by the HR Service Center, please contact your local HR office.