

How Do I Add My Spouse And Child To PEBTF Benefits?



You'll need:

- Your original marriage certificate
- Your date of marriage
- Your spouse's date of birth and Social Security Number
- If your spouse is employed and covered by employer benefits, copies of their medical cards
- Your child's date of birth and Social Security Number
- Your child's original Birth Certificate
- [PEBTF Employee with Child and/or Spouse](#) forms packet

What you need to know:

- If you were hired on or after August 1, 2003 and your spouse is employed and is eligible for medical benefits through their employer, they must enroll in that program, and can be added to your PEBTF coverage as secondary. Your spouse can not decline coverage to be primarily covered under PEBTF benefits.
- Should your spouse lose benefit eligibility through their employer, they may be converted to primary coverage until such time as they regain eligibility through an employer.
- You may enroll dependent children age 25 or younger.
 - Eligibility ends at the end of the month in which the child turns 26.
- Exception: If your spouse/child is also a CWOPA employee with PEBTF benefits, they cannot be dual covered.

How to make it happen:

- Open PEBTF Employee with Child and/or Spouse forms packet.
- Complete Employee Enrollment/Change Form (PEBTF-2) beginning on page 6.
 - Complete sections 1, 2, 7, & 8.
 - If you are enrolling a newborn, you may submit the forms without the Social Security Number initially. The SSN must be provided to the HRSC before the child's 6th month of life.
- Complete Eligibility Documentation Verification Form (PEBTF-33) on page 11 using the instructions on the previous page.
 - Present this form and the child's birth certificate to your supervisor or facility HR staff. They will verify the certificate and complete sections 1-3. You will also sign section 3.
 - If you are enrolling a newborn, you may submit the enrollment forms without the birth certificate verification initially. This document must be provided to the HRSC before the child's 6th month of life.
 - For a stepchild, the birth certificate MUST name your spouse as a parent.
- Complete Declaration of Spouse/Domestic Partner Health Coverage Form (PEBTF-11) on page 12.
 - Answer questions as appropriate and sign under #5.
- Complete Employer Benefit Verification Form (PEBTF-36) on page 13.
 - ONLY COMPLETE IF YOUR SPOUSE IS EMPLOYED BUT IS NOT ELIGIBLE FOR BENEFITS.
 - Complete section 1.
 - Section 2 is to be completed and signed by a representative of your spouse's employer.

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.