

Statement of Insurance Coverage

Please respond by placing an X by each statement of insurance coverage that applies to you. Return this form with your employment paperwork.

- My health insurance is with the SC Retirement System (PEBA)
- I am covered by Medicare
- My health insurance is with Tricare or Tricare for Life as a military retiree
- I am covered through a spouse
- I am covered through the Healthcare Marketplace
- I am covered through the Healthcare Marketplace and I receive premium Assistance.
- I do not have health insurance.