

# SLTD Premium Waiver Form

South Carolina Public Employee Benefit Authority  
Insurance Benefits

Employee Name:	Employee BIN or SSN:
Group Name:	Group Number:

## **Terminate Supplemental Long Term Disability (SLTD) Premium Waiver**

The employee above returned to work on (date) \_\_\_\_\_ and is no longer eligible for the SLTD premium waiver, effective (date) \_\_\_\_\_.

\_\_\_\_\_  
Benefits Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If you have any questions, please call PEBA Insurance Benefits' Benefits Administrator Call Center at 803-734-2352 (Greater Columbia area) or at 888-260-9430 (toll-free outside the Columbia area).

Return this completed form to PEBA Insurance Benefits, PO Box 11661, Columbia, SC 29211