



SLTD Premium Waiver Form

Complete and return to S.C. PEBA, 202 Arbor Lake Drive, Columbia, SC 29223.

Employee name: _____ Employee BIN/SSN: _____

Group name: _____ Group number: _____

Terminate Supplemental Long Term Disability (STLD) Premium Waiver

The employee above returned to work on _____ and is no longer eligible for the
Date

SLTD premium waiver effective _____ .
Date

Benefits administrator signature: _____ Date: _____

If you have any questions, please call PEBA's Customer Contact Center at 803.737.6800 or 888.260.9130.