Clear form

2023 PEBB Employee Enrollment/ Change form for medical only groups

Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

The information written on this form replaces all enrollment/change forms previously submitted. Therefore, you must complete the entire form, including the dependent section for any children you want to continue to cover. Inaccurate, incomplete, or illegible information may delay coverage.

All members who are eligible for enrollment in both the PEBB Program and the School Employees Benefits Board (SEBB) Program are limited to enrolling in health plans through either the PEBB Program or the SEBB Program. Subscribers must choose enrollment through one program or the other in medical and dental plans (PEBB Program), or medical, dental and vision plans (SEBB Program). Choosing some PEBB plans and some SEBB plans is no longer allowed. Your employer offers dental coverage that is separate from PEBB. If you choose to enroll in PEBB medical-only coverage, your dental coverage will be provided by your employer's dental provider. However, if you waive PEBB medical to enroll in SEBB medical, you must also enroll in SEBB dental and vision plans.

Type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example: J O H N

Remember to read and sign Section 5. To enroll children, complete Section 7 on pages 9 and 10.

1 Subscriber

Social Security number

Date of birth

Sex assigned at birth[1]
Male Female

Last name

Gender identity[2]
Male Female X

First name

Middle initial

Suffix

Phone number

Alternate phone number

Street address

Address line 2

City

State

ZIP/Postal code

County

Mailing address (if different from above)

Mailing address line 2

City

State

ZIP/Postal code

County

1 This field is required for health care services.
2 Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. To learn more, visit HCA's website at **hca.wa.gov/gender-x**

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Subscriber's last name

Social Security number

Medical coverage

Cover

Waive

If you waive coverage, you cannot enroll your eligible dependents in medical. You can waive PEBB medical coverage if you are enrolled in other employer-based group medical, a TRICARE plan, or Medicare.

Are you or any eligible dependents already enrolled in PEBB or SEBB insurance coverage under another account?

Yes No

If Yes, please contact your payroll or benefits office for help. All members are limited to enrolling in health plans through either the PEBB Program or the SEBB Program.

Tobacco use premium surcharge

Response required if you are enrolling in medical coverage. The PEBB Program requires a $25-per-account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in the PEBB Program Administrative Policy 91-1 at **hca.wa.gov/pebb-rules**.

If you check **Yes** or leave this section blank, you will be charged the $25 premium surcharge. See the *PEBB Premium Surcharge Attestation Help Sheet* available at **hca.wa.gov/pebb-employee** for instructions on how to respond.

Does the tobacco use premium surcharge apply to you? Check one:

Yes, I am subject to the $25 premium surcharge. I have used tobacco products in the past two months. If this is a change to a previous attestation, submit the *Premium Surcharge Attestation Change Form*.

No, I am not subject to the $25 premium surcharge. I have not used tobacco products in the past two months, or I have enrolled in or accessed one of the tobacco cessation resources noted in the *Premium Surcharge Attestation Help Sheet*.

Subscriber's last name

Social Security number

2 Spouse or state-registered domestic partner (SRDP)

List an eligible spouse or SRDP you wish to cover. State-registered domestic partner is defined in WAC 182-12-109. Individuals in state-registered domestic partnerships are treated the same as legal spouses except when in conflict with federal law. To add children, please complete Section 7 at the end of this form.

If your spouse or SRDP is eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in medical and dental plans (PEBB Program) or medical, dental, and vision (SEBB Program). If they are a PEBB employee who waives PEBB medical and dental for SEBB medical, they must also enroll in SEBB dental and vision.

You must provide proof of your SRDP's eligibility within the PEBB Program's enrollment timelines, or they will not be enrolled. The timelines and a list of documents we will accept to verify their eligibility are available at **hca.wa.gov/pebb-employee**.

Relationship to subscriber

☐ Spouse: Date of marriage (mm/dd/yyyy)

☐ SRDP: Date registered (mm/dd/yyyy)

⚠ If enrolling an SRDP, attach a *PEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes.

Social Security number

Date of birth

Sex assigned at birth[1]

☐ Male ☐ Female

Last name

Gender identity[2]

☐ Male ☐ Female ☐ X

First name

Middle initial

Suffix

Phone number

Alternate phone number

Street address (if different from subscriber)

Address line 2

City

State

ZIP/Postal code

County

Medical coverage

☐ Cover

☐ Remove from coverage

If removing from coverage, include reason:

1 This field is required for health care services.

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Subscriber's last name

Social Security number

Tobacco use premium surcharge

Response required if you are enrolling your spouse or state-registered domestic partner (SRDP) in medical coverage. If you check **Yes** or do not check any boxes below, you will be charged the $25-per-account premium surcharge in addition to your monthly medical premium. See the *PEBB Premium Surcharge Attestation Help Sheet* available at **hca.wa.gov/pebb-employee** for instructions on how to respond.

Does the tobacco use premium surcharge apply to you? Check one:

Yes, I am subject to the $25 premium surcharge. This person has used tobacco products in the past two months. If this is a change to a previous attestation, submit the *PEBB Premium Surcharge Attestation Change* form.

No, I am not subject to the $25 premium surcharge. This person has not used tobacco products in the past two months, or they have enrolled in or accessed one of the tobacco cessation resources noted in the *PEBB Premium Surcharge Attestation Help Sheet*.

Spouse or state-registered domestic partner (SRDP) coverage premium surcharge

Response required if you are enrolling your spouse or SRDP in medical coverage. The PEBB Program requires a $50 premium surcharge in addition to your monthly medical premium if you are enrolling your spouse or SRDP in PEBB medical and they have chosen not to enroll in another employer-based group medical that is comparable to PEBB's Uniform Medical Plan (UMP) Classic. See the PEBB Premium Surcharge Attestation Help Sheet for instructions on how to respond.

If you check Yes below or do not check any boxes below, you will be charged the $50 premium surcharge.

Does the spouse or state-registered domestic partner coverage premium surcharge apply to you? Check one:

Yes, I am subject to the $50 premium surcharge. I used the *PEBB Premium Surcharge Attestation Help Sheet* and completed the *PEBB Spousal Plan Calculator* online.

No, I am not subject to the $50 premium surcharge. I used the *PEBB Premium Surcharge Attestation Help Sheet* and, if needed, completed the *PEBB Spousal Plan Calculator* online.
Which questions on the *PEBB Premium Surcharge Attestation Help Sheet* did you check No? **Check all that apply.** Question 1 is not applicable.

Question 2 Question 3 Question 4 Question 5 Question 6

Employer to help determine if premium surcharge applies. I used the *PEBB Premium Surcharge Attestation Help Sheet* and am submitting a printed *PEBB Spousal Plan Calculator*. My employer will determine whether my spouse's or SRDP's employer-based group medical is comparable to PEBB's UMP Classic and if I am subject to the premium surcharge.

The *PEBB Premium Surcharge Attestation Help Sheet* and the *PEBB Spousal Plan Calculator* are available at **hca.wa.gov/pebb-employee**. To change your previous attestation, use the *PEBB Premium Surcharge Attestation Change Form*.

Subscriber's last name

Social Security number

3 Medical plan selection

Choose one medical plan. Contact the plans with questions about benefits and provider information. (Contact information is on page 10 of this form.) Before you enroll, call the plan to make sure the provider you want to use accepts the specific plan you choose.

Kaiser Foundation Health Plan of the Northwest[1] (Kaiser Permanente NW)

- Kaiser Permanente NW Classic[2]
- Kaiser Permanente NW Consumer-Directed Health Plan[2]

Kaiser Foundation Health Plan of Washington[1] (Kaiser Permanente WA)

- Kaiser Permanente WA Classic
- Kaiser Permanente WA Consumer-Directed Health Plan
- Kaiser Permanente WA SoundChoice
- Kaiser Permanente WA Value

Uniform Medical Plan (UMP), administered by Regence BlueShield and Washington State Rx Services

- UMP Classic
- UMP Select
- UMP Consumer-Directed Health Plan
- UMP Plus–Puget Sound High Value Network[1]
- UMP Plus–UW Medicine Accountable Care Network[1]

If you are eligible for the employer contribution toward PEBB benefits, but do not waive or enroll in PEBB medical coverage, you will be automatically enrolled as a single subscriber in Uniform Medical Plan (UMP) Classic, administered by Regence BlueShield. Your dependents will not be enrolled. You will be charged a monthly $135 premium for medical coverage as well as a $25 monthly tobacco use premium surcharge.

1. These plans have a specific service area. If you move out of the service area, you must change your plan. Otherwise, you will have limited access to network providers and covered services. You must report your new address to your payroll or benefits office and request a plan change **no later than 60 days** after you move.
2. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

4 Account changes and special open enrollment

Are you making changes to an existing account?

- Yes. If Yes, what changes? (Check all that apply in the sections below.)
- Date of event/change (mm/dd/yyyy)
- No. If No, go to Section 5.

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Subscriber's last name

Social Security number

Changes you can make anytime

If you have a name or address change, contact your payroll or benefits office.

Remove dependents from coverage due to loss of eligibility (divorce, dissolution of state-registered domestic partnership or legal union, death, or other loss of eligibility for PEBB benefits.) Your payroll or benefits office must receive this form **no later than 60 days** after the last day of the month the dependent loses eligibility for health plan coverage. If applicable, provide former dependent's new address:

Address line 2

City

State

ZIP/Postal code

County

Changes you can make during the PEBB Program's annual open enrollment

All changes become effective January 1 of the following year. Check the boxes next to the changes requested.

Add dependents

Remove dependents

Change medical plan

Change dental plan

Enroll after waiving medical coverage

Waive medical due to enrollment in other employer-based group medical, a TRICARE plan, or Medicare.

Changes you can make if an event creates a special open enrollment

The PEBB Program only allows changes outside of annual open enrollment when an event creates a special open enrollment for the employee, a dependent, or both. The change must be allowable under the Internal Revenue Code and Treasury regulations and correspond to and be consistent with the event. You must provide proof of the event. Your payroll or benefits office must receive this form and proof of the event **no later than 60 days after the event.**

Check the box next to the change you are requesting and the matching event on the next page.

In most cases, the enrollment or change will be effective the first day of the month following the later of the event date or the date this form is received, whichever is later. If that day is the first of the month, the change begins on that day.

Add dependents

Remove dependents

Change medical plan

Enroll after waiving medical coverage

Waive medical due to enrollment in other employer-based group medical, a TRICARE plan, or Medicare.

Note: A health plan change is not allowed when adding an SRDP or their child if they are not a tax dependent.

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Subscriber's last name

Social Security number

The following events allow an employee to add dependents, remove dependents, change medical plans, and enroll after waiving medical.

- Employee has a change in employment status that affects the employee's eligibility for their employer contribution toward their employer-based group health plan.
- Employee's dependent has a change in their own employment status that affects their eligibility or their dependent's eligibility for the employer contribution under their employer-based group health plan.
- Employee or a dependent becomes entitled to or loses eligibility for Medicaid or a state Children's Health Insurance Program (CHIP).
- Marriage, registering an SRDP, as defined by Washington Administrative Code 182-12-109, birth, adoption, or assuming a legal obligation ahead of adoption. You must also submit a *PEBB Declaration of Tax Status* if enrolling an SRDP or their child to indicate whether they qualify as a dependent for tax purposes.

The following events allow an employee to add dependents, enroll after waiving medical, and change medical plans.

- Child becomes eligible as an extended dependent through legal custody or legal guardianship. Also submit a *PEBB Extended Dependent Certification*.
- Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance coverage as defined by the Health Insurance Portability and Accountability Act.
- Employee or dependent becomes eligible for a state premium assistance subsidy for PEBB health coverage from Apple Health (Medicaid) or a state CHIP.

The following event allows an employee to add dependents, remove dependents, enroll after waiving medical, and waive medical coverage.

- Employee or dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the PEBB Program's annual open enrollment. (Waiving medical coverage is allowed for this event only when an employee enrolls under another employer-based group health plan during its annual open enrollment.)

The following event allows an employee to add dependents, remove dependents, and enroll after waiving medical coverage.

- Employee's dependent moves from another country to live within the United States or moves from the U.S. to live in another country, and the move resulted in the dependent losing their health insurance.

The following event allows an employee to add dependents, remove dependents, change medical plans, and enroll after waiving medical coverage.

- A court order that requires the employee or any other individual to provide insurance coverage for an eligible dependent of the employee.

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Subscriber's last name

Social Security number

The following events allow an employee to change medical plans.

- Employee or dependent has a change in residence that affects health plan availability.
- Employee's or dependent's current health plan becomes unavailable because the employee or dependent is no longer eligible for a health savings account (HSA).
- Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent (requires approval by the PEBB Program).

The following event allows an employee to add a dependent, remove a dependent, change medical, and enroll after waiving medical coverage.

- Employee or dependent becomes entitled to or loses eligibility for Medicare.

The following events allow an employee to enroll after waiving medical and waive medical coverage.

- Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan.
- Employee becomes eligible and enrolls in Medicare or loses eligibility for Medicare.

Subscriber's last name

Social Security number

5 Signature

By submitting this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in PEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plans or premiums paid on my behalf. My dependents and I may also lose PEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the PEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility. In addition, I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of PEBB insurance benefits.

If adding a state-registered domestic partner (SRDP) to my account, I declare that my domestic partner and I have registered through the Washington Secretary of State's Office or another state.

Enrollment is not complete until the PEBB Program verifies the dependent's eligibility. I understand that if I'm applying to add a dependent to my PEBB insurance coverage, I must provide copies of documents that verify the dependent's eligibility within the PEBB Program's enrollment timelines, or the dependent will not be enrolled.

Employees who choose to waive PEBB medical (when they become newly eligible, during the annual open enrollment, or due to a special enrollment event) must be enrolled in other employer-based group medical, a TRICARE plan, or Medicare. If I waive medical, I understand I can enroll during annual open enrollment or no later than 60 days after a special open enrollment event as defined in PEBB Program rules. If I waive medical for myself, I cannot enroll my eligible dependents in medical.

I allow my employer to deduct money from my earnings to pay for insurance coverage and applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharges and spouse or SRDP coverage premium surcharges in addition to my monthly medical premium.

If I am eligible for the employer contribution toward PEBB benefits but do not waive or enroll in PEBB Program medical coverage, I will be enrolled automatically as a single subscriber in Uniform Medical Plan (UMP) Classic. My dependents will not be enrolled. I will be charged a monthly $135 premium for medical coverage as well as a $25 monthly tobacco use premium surcharge.

If I am enrolling in a consumer-directed health plan with a health savings account (HSA), I must meet HSA eligibility conditions. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and that there are limits to these contributions and my HSA contributions (if any) under federal tax law.

I understand that my enrollment and my dependents' enrollment are subject to my adherence to all applicable deadlines and PEBB rules and policies. Failure to comply with applicable deadlines and PEBB rules and policies may result in my benefits selection being rejected or defaulted.

Any changes on PEBB My Account or PEBB enrollment/change forms submitted and dated later than this form will replace this enrollment/change form.

Sign, date, and return form and documentation to your payroll or benefits office.

Subscriber's signature

Date

Continue to Section 7 to add or remove children.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact your payroll or benefits office.

HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, go to **hca.wa.gov/pebb-employee**.

Subscriber's last name

Social Security number

6 Employer

This section to be completed by your employer

Agency name

Agency/Subagency

Eligibility date

Insurance effective date

PEBB Program medical contractors

Do not send forms to the addresses below. They are only for your reference.

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232
1-800-813-2000 (TRS: 711)

Kaiser Foundation Health Plan of Washington
1300 SW 27th Street
Renton, WA 98057
1-866-648-1928
TTY: 1-800-833-6388

Uniform Medical Plan, administered by Regence BlueShield (for medical benefit questions)
PO Box 2998
Tacoma, WA 98401
1-888-849-3681 (TRS: 711)

Uniform Medical Plan, administered by Washington State Rx Services (for prescription drug questions)
PO Box 40168
Portland, OR 97240-0168
1-888-361-1161 (TRS: 711)

Subscriber's last name

Social Security number

7 Dependents

List eligible dependents you wish to enroll or remove from coverage. Enrolled children must be eligible under PEBB Program rules. This includes children through the month of their 26th birthday regardless of marital status, student status, or eligibility for coverage under another plan and children age 26 or older with a disability.

If enrolling a dependent, you must provide proof of their eligibility within the PEBB Program's enrollment timelines or the dependent will not be enrolled. Timelines and a list of documents we will accept to verify eligibility is available on HCA's website at **hca.wa.gov/pebb-employee**.

If enrolling a state-registered domestic partner's child, also attach a *PEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes.

If enrolling an extended dependent, also attach a *PEBB Extended Dependent Certification*.

If enrolling a child with a disability age 26 or older, also submit a *PEBB Certification of a Child with a Disability* as instructed on the form. Refer to the *PEBB Employee Enrollment Guide* for eligibility information.

Relationship to subscriber

- Child
- Stepchild (not legally adopted)
- Extended dependent (attach copy of court order)
- Child with a disability age 26 or olderr

If your dependent is eligible to enroll in both the PEBB and SEBB Programs, they are limited to enrolling in PEBB medical and dental or enrolling in SEBB medical, dental, and vision. If they are a PEBB employee who waives PEBB medical for SEBB medical, they must also enroll in SEBB dental and vision coverage.

Social Security number

Date of birth

Sex assigned at birth[1]

Male Female

Last name

Gender identity[2]

Male Female X

First name

Middle initial

Suffix

Phone number

Alternate phone number

Street address (if different from subscriber)

Address line 2

City

State

ZIP/Postal code

County

Medical coverage

- Cover
- Remove from coverage

If removing from coverage, include reason:

1 This field is required for health care services.

2 Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. To learn more, visit HCA's website at **hca.wa.gov/gender-x**

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Subscriber's last name

Social Security number

Tobacco use premium surcharge

Response required if you are enrolling dependents age 13 and older in medical coverage. If you check **Yes** or do not check any boxes below, you will be charged the $25-per-account premium surcharge in addition to your monthly medical premium. See the *PEBB Premium Surcharge Attestation Help Sheet* available on HCA's website at **hca.wa.gov/pebb-employee** for instructions on how to respond.

Does the tobacco use premium surcharge apply to you? Check one:

Yes, I am subject to the $25 premium surcharge. This dependent has used tobacco products in the past two months. If this is a change to a previous attestation, submit the *PEBB Premium Surcharge Attestation Change Form*.

No, I am not subject to the $25 premium surcharge. This dependent has not used tobacco products in the past two months or has enrolled in or accessed one of the tobacco cessation resources noted in the *PEBB Premium Surcharge Attestation Help Sheet*.

Use additional forms to list more dependents.

Subscriber's last name

Social Security number

7 Dependents

List eligible dependents you wish to enroll or remove from coverage. Enrolled children must be eligible under PEBB Program rules. This includes children through the month of their 26th birthday regardless of marital status, student status, or eligibility for coverage under another plan and children age 26 or older with a disability.

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Social Security number

Date of birth

Sex assigned at birth[1]

Male Female

Last name

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Male Female X

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Middle initial

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Subscriber's last name

Social Security number

7 Dependents

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If enrolling a dependent, you must provide proof of their eligibility within the PEBB Program's enrollment timelines or the dependent will not be enrolled. Timelines and a list of documents we will accept to verify eligibility is available on HCA's website at **hca.wa.gov/pebb-employee**.

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If enrolling an extended dependent, also attach a *PEBB Extended Dependent Certification*.

If enrolling a child with a disability age 26 or older, also submit a *PEBB Certification of a Child with a Disability* as instructed on the form. Refer to the *PEBB Employee Enrollment Guide* for eligibility information.

Relationship to subscriber

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- Stepchild (not legally adopted)
- Extended dependent (attach copy of court order)
- Child with a disability age 26 or olderr

If your dependent is eligible to enroll in both the PEBB and SEBB Programs, they are limited to enrolling in PEBB medical and dental or enrolling in SEBB medical, dental, and vision. If they are a PEBB employee who waives PEBB medical for SEBB medical, they must also enroll in SEBB dental and vision coverage.

Social Security number

Date of birth

Sex assigned at birth[1]

Male Female

Last name

Gender identity[2]

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First name

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Suffix

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Alternate phone number

Street address (if different from subscriber)

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Use additional forms to list more dependents.