

2019 Premium Surcharge Change Form

Use this form to report a change that affects your surcharge for tobacco use and/or spouse or state-registered domestic partner (as defined by Washington Administrative Code 182-12-260 (2)) coverage. **Note:** University of Washington (UW) employees must use Workday.

Changes that result in a premium surcharge will begin the first day of the month following the status change. If that day is the first of the month, the change to the surcharge begins on that day. Changes that result in removing a premium surcharge will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

Type or print clearly in dark ink.

Section 1: Tobacco use premium surcharge

A monthly \$25 surcharge per account is required in addition to your monthly premium if you or a dependent (age 13 and older) enrolled on your PEBB medical plan uses a tobacco product.

See details on the *2019 Premium Surcharge Help Sheet* at www.hca.wa.gov/erb.

Events that require a change: You must change your tobacco use surcharge attestation when you or any of your enrolled dependents' (ages 13 and older) tobacco use status changes. For example, if you quit or start smoking, this is considered a status change.

The surcharge will not apply if you and all enrolled dependents ages 18 and older who use tobacco products are currently enrolled in the free tobacco cessation program through your PEBB medical plan, or if enrolled dependents ages 13–17 who use tobacco products have accessed information and resources for teens at <https://teen.smokefree.gov>.

Enrolled dependents ages 12 and younger are automatically defaulted to NO (non-tobacco users); this means you do not have to attest for dependents ages 12 and younger on this form or online. You do not need to reattest when the dependent turns age 13 unless the dependent uses, or begins using, tobacco products.

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

List yourself and each dependent age 13 and older enrolled on your PEBB medical coverage. Select the YES or NO checkbox to attest to each dependent. If you check YES or leave the check boxes blank for yourself or any dependent age 13 or older, you will pay the monthly \$25 tobacco use surcharge in addition to your monthly premium. (To list more dependents, attach additional copies of this form.)					Has this person used tobacco products in the past two months?	
	First name	Middle initial	Last name	Last four digits of Social Security number	YES Provide the date the dependent started using tobacco products.	NO* Provide the date the dependent quit using tobacco products.
You (subscriber):					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:

*Or this dependent is currently enrolled in your PEBB medical plan's tobacco cessation program (if age 18 or older), or has accessed information and resources at <https://teen.smokefree.gov> (if age 13–17).

(continued)

HCA is committed to providing equal access to our services. If you need accommodation, please call 1-800-200-1004 (TRS: 711).

Section 2: Spouse or state-registered domestic partner coverage premium surcharge

If you do not have a spouse or state-registered domestic partner enrolled on your PEBB medical plan, skip this section. A monthly \$50 surcharge will be required in addition to your monthly premium if you have a spouse or state-registered domestic partner enrolled on your PEBB medical, and your spouse or state-registered domestic partner has elected not to enroll in another employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic. (Comparison must be to UMP Classic, even if you are not enrolled in that plan.)

See if this surcharge applies to you by reviewing the *2019 Premium Surcharge Help Sheet* and, if directed, complete the *2019 Spousal Plan Calculator*. Find both at www.hca.wa.gov/erb.

Events that require a change: You may have to reattest to the spouse or state-registered domestic partner coverage premium surcharge during the PEBB Program's annual open enrollment (November 1–30). See www.hca.wa.gov/erb for situations in which you must reattest. Outside of the annual open enrollment, you must also change your attestation no later than 60 days after the date your spouse's or state-registered domestic partner's employer-based group medical status changes.

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

If you enroll a spouse or state-registered domestic partner on your PEBB medical plan and you check YES or leave the check boxes below blank, you will be charged the monthly \$50 surcharge.

☐ **YES, I am subject to the \$50 premium surcharge.**
I used the *2019 Premium Surcharge Help Sheet* and, if directed, completed the *2019 Spousal Plan Calculator* online.
Provide the date your spouse's or state-registered domestic partner's employer-based-group medical status changed _____.

☐ **NO, I am not subject to the \$50 premium surcharge.**
I used the *2019 Premium Surcharge Help Sheet* and, if directed, completed the *2019 Spousal Plan Calculator* online.
Provide the date your spouse's or state-registered domestic partner's employer-based-group medical status changed _____.

Which questions, if any, on the 2019 Premium Surcharge 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 determine (for employees) or PEBB Program to determine (for all other subscribers).** I used the *2019 Premium Surcharge Help Sheet* and I am submitting a completed paper *2019 Spousal Plan Calculator* with this form. My employer or the PEBB Program will determine whether my spouse's or state-registered domestic partner's employer-based group medical is comparable to UMP Classic, and if the premium surcharge will apply.

Section 3: Signature

By signing this form:

- I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not provide timely, updated information, I will owe surcharges to the PEBB Program.
- I declare that one (or more) of the events above occurred that requires me to change my attestation to the tobacco use and/or spouse or state-registered domestic partner coverage premium surcharge, and that I am reporting it within the PEBB Program's deadlines.
- I am replacing all *Premium Surcharge Change Forms*, enrollment form attestations, and electronic surcharge attestations previously submitted.
- I understand that changes that result in a premium surcharge will begin the first day of the month following the status change. If that day is the first of the month, the change to the surcharge begins on that day.
- I understand that changes that result in removing a premium surcharge will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.
- If I pay my monthly premiums by pension deduction or electronic debit service, I authorize the Department of Retirement Systems or Health Care Authority to deduct any surcharge(s) owed from these accounts.

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

Please sign and date this form.

Name (print) _____ Last four digits of Social Security number _____

Signature _____ Date _____

Employer name (employees only) _____

If you are:

Return it to:

An employee

Your personnel, payroll, or benefits office. **Note:** UW employees must use Workday.

Any other subscriber

PEBB Program, Washington State Health Care Authority, PO Box 42684, Olympia, WA 98504-2684 or fax to: 360-725-0771

If the 2019 Premium Surcharge Help Sheet directed you to complete the 2019 Spousal Plan Calculator, please attach the completed paper version of the 2019 Spousal Plan Calculator (if you didn't complete the calculator online).