

# 2024 PEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

## Subscriber

Last name

Middle initial

First name

Last four digits of Social Security number

Have you used tobacco products in the past two months? Check Yes or No below.

 Yes No    Date tobacco use status changed 

## Dependent 1

Last name

Middle initial

First name

Last four digits of Social Security number

Has this dependent used tobacco products in the past two months?

 Yes No    Date tobacco use status changed 

## Dependent 2

Last name

Middle initial

First name

Last four digits of Social Security number

Has this dependent used tobacco products in the past two months?

 Yes No    Date tobacco use status changed 

## Dependent 3

Last name


Middle initial

First name

Last four digits of Social Security number

Has this dependent used tobacco products in the past two months?

 Yes No    Date tobacco use status changed 

 To attest for more dependents, copy this page.


# 2024 PEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

2

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

 Skip this section if you do not have a spouse or SRDP enrolled on your PEBB medical plan.

A \$50 premium surcharge will be required in addition to your monthly medical premium if you enroll a spouse or SRDP and they have chosen not to enroll in another employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic. The comparison must be to UMP Classic, even if you are not enrolled in that plan.

### Events that require a change:

You must attest to this premium surcharge:

- If you get a letter from the PEBB Program notifying you to attest during the PEBB Program's annual open enrollment.
- **No later than 60 days** after the date your spouse's or SRDP's employer-based group medical status changes.

See "Surcharges" on HCA's website at [hca.wa.gov/erb](http://hca.wa.gov/erb) to learn about these situations.

### Answer Yes or No to Questions 2 through 6:

Question 1 does not apply.

	Yes	No
1. Are you covering your spouse or SRDP in a PEBB medical plan under your account in 2024?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will they be eligible for medical coverage through their employer in 2024? (If they will not be employed in 2024, answer No.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Will their employer offer at least one medical plan that serves their county of residence in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have they chosen not to enroll in their employer's medical (including SEBB) coverage in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the coverage offered by their employer in 2024 not be through the PEBB Program or a TRICARE plan? a. Answer Yes if their employer does not offer PEBB coverage or a TRICARE plan. b. Answer No if their employer offers PEBB coverage or a TRICARE plan.	<input type="checkbox"/>	<input type="checkbox"/>
6. Will their share of the medical premium through their employer be less than \$117.81 per month in 2024?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **No** to any of these questions, check No and indicate which questions you answered No to below. You will not be charged the surcharge.

If you answered **Yes** to **all** these questions, you must complete the steps below to find out if you will be charged the premium surcharge.

- Your spouse or SRDP should ask their employer for a 2024 Summary of Benefits and Coverage (SBC) for all medical plans that:
  - Serve their county of residence.
  - Have a monthly premium of less than \$117.81 per month for the employee.
- Use the SBC information to answer the questions in the *PEBB Spousal Plan Calculator* online tool on HCA's website at [hca.wa.gov/erb](http://hca.wa.gov/erb). Or you can download a paper version and submit it with your enrollment form or with this form.

If using the online *PEBB Spousal Plan Calculator*:


- You will get a Yes or No response to whether the premium surcharge applies to you. Enter this response below.

# 2024 PEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

## Does this premium surcharge apply to you? Check one.

 If you enroll a spouse or SRDP on your PEBB medical plan and you check Yes or leave the checkboxes below blank, you will be charged the \$50 premium surcharge.

**Yes**, I am subject to the \$50 premium surcharge. I used the *PEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

**No**, I am not subject to the \$50 premium surcharge. I completed the *PEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

**Required:** Which questions above did you check No? Check all that apply. Question 1 is not applicable.

Question 2     Question 3     Question 4     Question 5     Question 6

My employer (for employees) or PEBB Program (for retiree or PEBB Continuation Coverage subscribers) to help determine if the premium surcharge applies. I am submitting a printed *PEBB Spousal Plan Calculator* to help determine if my spouse's or SRDP's employer-based group medical is comparable to PEBB's UMP Classic, and if I am subject to this premium surcharge.