

# 2017 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.

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 black ink.

## Section 1: Tobacco use premium surcharge

A monthly \$25 surcharge per account is required in addition to your premium if you or a family member on your PEBB medical coverage uses a tobacco product.

See details on the *2017 Premium Surcharge Help Sheet* at [www.hca.wa.gov/public-employee-benefits](http://www.hca.wa.gov/public-employee-benefits).

**Events that require a change:** You must change your tobacco use surcharge attestation when you or any of your enrolled family members' (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 family members ages 18 and older who use tobacco products are enrolled in your PEBB medical plan's tobacco cessation program, or if enrolled family members ages 13–17 who use tobacco products have accessed information and resources at [teen.smokefree.gov](http://teen.smokefree.gov).

Enrolled family members ages 12 and younger are automatically defaulted to NO (non-tobacco users); this means you do not have to attest for family members ages 12 and younger on this form or online. You do not need to reattest when the family member turns age 13 unless the family member 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 family member ages 13 and older enrolled on your PEBB medical coverage. Select the YES or NO checkbox to attest to each family member. <b>If you check YES or leave the check boxes blank for yourself or any family member age 13 or older, you will pay the monthly \$25 tobacco use surcharge.</b> (To list more family members, attach additional copies of this form.)					<b>Has this person used tobacco products in the past two months?</b>	
	First name	Middle initial	Last name	Last four digits of Social Security number	<b>YES</b> Provide the date the family member started using tobacco products.	<b>NO*</b> Provide the date the family member quit using tobacco products.
You (subscriber):					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Family member:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Family member:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Family member:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Family member:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Family member:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Family member:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:

\*Or this family member is enrolled in our PEBB medical plan's tobacco cessation program (if age 18 or older), or has accessed information and resources at [teen.smokefree.gov](http://teen.smokefree.gov) (if ages 13–17).

(continued)

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

See if this surcharge applies to you by reviewing the *2017 Premium Surcharge Help Sheet* and, if directed, complete the *2017 Spousal Plan Calculator*. Find both at [www.hca.wa.gov/public-employee-benefits](http://www.hca.wa.gov/public-employee-benefits).

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 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 other 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.)

**Events that require a change:** You may have to reattest to the spouse or state-registered domestic partner premium coverage surcharge during the PEBB Program's annual open enrollment (November 1–30). See [www.hca.wa.gov/public-employee-benefits](http://www.hca.wa.gov/public-employee-benefits) for situations in which you must reattest. Outside of open enrollment, you must also change your attestation:

- Within 60 days of 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 surcharge apply to you?

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

- YES, I am subject to the \$50 premium surcharge.**

I used the *2017 Premium Surcharge Help Sheet* and, if directed, completed the *2017 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 *2017 Premium Surcharge Help Sheet* and, if directed, completed the *2017 Spousal Plan Calculator* online.

**Which questions, if any, on the *2017 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 or PEBB Program to determine.** I used the *2017 Premium Surcharge Help Sheet* and I am completing and submitting a paper *2017 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.

## 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 surcharge, and that I am reporting it within the PEBB Program's deadlines.
- I am replacing all *Premium Surcharge Attestation Forms*, *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/public-employee-benefits](http://www.hca.wa.gov/public-employee-benefits).

### 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.

**Any other subscriber**

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

**If the *2017 Premium Surcharge Help Sheet* directed you to complete the *2017 Spousal Plan Calculator*, please attach the paper *2017 Spousal Plan Calculator* (if you didn't complete the calculator online).**

HCA is committed to providing equal access to our services. If you need accommodation, please call 1-800-200-1004 or 711 for relay services.