

2023 SEBB Premium Surcharge Attestation Change Form

Use this form to report a change that affects your premium surcharge for tobacco use or spouse or state-registered domestic partner. State-registered domestic partner is defined in Washington Administrative Code 182-31-020.

Changes that result in a premium surcharge will begin the first day of the month after the date of 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 after your attestation is received. If that day is the first of the month, the change to the surcharge begins on that day. **Exception:** If you are required to attest to the spouse or state-registered domestic partner coverage premium surcharge during the SEBB Program’s annual open enrollment, any change will become effective January 1, 2023.

Type or print clearly in black ink. Example: **J O H N**

1 Tobacco use premium surcharge

Skip this section, if you are not reporting a change to tobacco use for you or a dependent.

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

Events that require a change:

- You must change your tobacco use surcharge attestation when your or a dependent’s tobacco use status changes. Two examples of status changes are quitting or starting smoking.
- The premium surcharge **will not** apply if you and all enrolled dependents age 18 and older who use tobacco products are currently enrolled in the free tobacco cessation program through your medical plan (visit HCA’s website at hca.wa.gov/tobacco-free-sebb), and any enrolled dependents age 13 to 17 who use tobacco products have accessed resources at teen.smokefree.gov.
- You **do not** have to attest for dependents age 12 and younger. You do not need to attest when the dependent turns age 13 unless the dependent uses, or starts using, tobacco products.

Does this premium surcharge apply to you?

List yourself and each dependent age 13 and older enrolled on your SEBB medical coverage. If you check **Yes** or leave the checkboxes blank for yourself or any dependent age 13 or older, you will be charged the \$25 tobacco use premium surcharge in addition to your monthly medical premium.

Subscriber

Last name Middle initial

First name Last four digits of Social Security number

Have you used tobacco products in the past two months? If you or your dependent have never used tobacco products, you do not need to provide a date. Check Yes or No below.

Yes

No¹ Date tobacco use status changed

¹ Or this person has never used tobacco products, has stopped using them for the past two months, is currently enrolled in their medical plan’s tobacco cessation program (if age 18 or older), or has accessed information at teen.smokefree.gov (if age 13 to 17).

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Subscriber's last name

Social Security number

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

No¹ 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

No¹ 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

No¹ Date tobacco use status changed

Dependent 4

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

No¹ Date tobacco use status changed



To attest for more dependents, copy this page.

¹ Or this person has never used tobacco products, has stopped using them for the past two months, is currently enrolled in their medical plan's tobacco cessation program (if age 18 or older), or has accessed information at teen.smokefree.gov (if age 13 to 17).

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Spouse or state-registered domestic partner coverage premium surcharge

 If you do not have a spouse or state-registered domestic partner (SRDP) enrolled on your SEBB medical plan, skip this section.

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 the Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan (UMP) Classic. The comparison must be to PEBB UMP Classic, even if you are not enrolled in that plan.

Events that require a change:

You may have to reattest to this premium surcharge during the SEBB Program's annual open enrollment. See "Surcharges" on HCA's website at hca.wa.gov/erb to learn about these situations.

Outside of the annual open enrollment, you must change your attestation **no later than 60 days** after the date your spouse's or SRDP's employer-based group medical status changes. You must also provide proof of the qualifying event.

Does this premium surcharge apply to you?

 If you enroll a spouse or SRDP on your SEBB 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 *2023 SEBB Premium Surcharge Attestation Help Sheet* and completed the *2023 SEBB 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 used the *2023 SEBB Premium Surcharge Attestation Help Sheet* and, if directed, completed the *2023 SEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

Required: Which questions on the *SEBB 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

My employer or SEBB Program (for SEBB Continuation Coverage subscribers) to help determine if the premium surcharge applies. I used the *SEBB Premium Surcharge Attestation Help Sheet* and I am submitting a printed *SEBB Spousal Plan Calculator*. My employer or the SEBB Program will use these to help determine whether my spouse's or SRDP's employer-based group medical is comparable to PEBB's UMP Classic, and whether I am subject to this premium surcharge.

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Subscriber's last name

Social Security number

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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 provide timely, updated information, I will owe surcharges to the SEBB Program.

I declare that one (or more) of the events above occurred that requires me to change my attestation to the one or both premium surcharges, and that I am reporting it within the SEBB Program's deadlines. I am replacing all surcharge attestations previously submitted. I understand that changes that result in a premium surcharge will begin the first day of the month after 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 after receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

I understand if I am providing an attestation to the spouse or state-registered domestic partner coverage premium surcharge during the SEBB Program's annual open enrollment, any changes become effective January 1, 2023.

If I pay my monthly premiums by electronic debit service, I authorize the Health Care Authority to deduct any premium surcharges owed from these accounts.

Subscriber's last name

Last four digits of subscriber's Social Security number

Subscriber's signature

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Form return



Please return this form to your payroll or benefits office (employees) or the SEBB Program (for SEBB Continuation Coverage subscribers only).

Employees:

Your payroll or benefits office.

SEBB Continuation Coverage subscribers:

Secure message: Send us a secure message through HCA Support at support.hca.wa.gov, a secure website that allows you to log into your own account to communicate with us. You will need to set up a SecureAccess Washington (SAW) account to use this option.

Mail: SEBB Program
Washington State Health Care Authority
PO Box 42720
Olympia, WA 98504-2720

Fax to: 360-725-0771

If the *SEBB Premium Surcharge Attestation Help Sheet* directed you to complete the *SEBB Spousal Plan Calculator*, and you are requesting your employer or the SEBB Program to help determine if the premium surcharge applies, please submit a printed version of the *SEBB Spousal Plan Calculator* with this form.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. **Employees:** Your payroll or benefits office. **SEBB Continuation**

Coverage members: The SEBB Program at 1-800-200-1004 (TRS: 711).

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