

SEBB Premium Payment Plan Election/Change

You may use this form:

- When you are newly eligible for SEBB benefits and wish to opt out of the premium payment plan.
- During the SEBB Program's annual open enrollment.
- After an event that creates a special open enrollment (for example, a change in employment status, marriage, birth, adoption, etc.). For more information about changes you can make during a special open enrollment, read Policy 45-2A at hca.wa.gov/sebb-rules.

Premium payment plan changes are allowed when consistent with a change in SEBB health plan enrollment.

Please type or print clearly in dark ink in the spaces provided. Example: J O H N

1

Employee information

Last name

First name

Middle initial Suffix

Social Security number

2

Participation in premium payment plan

Check one.

I elect to opt out of participation in Washington State's premium payment plan. I understand that any premium I am required to pay for my SEBB medical coverage, and any applicable premium surcharges, will be deducted from my paycheck **after** federal and/or state taxes have been collected. I understand I cannot enroll or remain enrolled in a flexible spending arrangement (FSA), Dependent Care Assistance Program (DCAP), or health savings account (HSA) if I opt out.

I elect to enroll in Washington State's premium payment plan. I understand that by participating in the premium payment plan, any premium I am required to pay for my SEBB medical coverage, and any applicable premium surcharges, will be deducted from my paycheck **before** federal and/or state taxes have been collected.

Employee signature

Date



Return original form to your payroll or benefits office. Keep a copy for your records.

3

SEBB organization information



Payroll or benefits office completes this section.

SEBB organization

Effective date of change

Employee's hire date

