Clear form

PEBB **Premium Payment Plan Election/Change**

Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

You may use this form:

- When you are newly eligible for PEBB benefits and wish to opt out of the premium payment plan.
- During the PEBB 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/pebb-rules**.
- Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment .

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

1 Employee Information

Is this a name change?

☐ Yes ☐ No

Last name, first name, middle initial

Suffix

Social Security number

Date of birth (mm/dd/yyyy)

Phone number

Alternate phone number

Residential address

Address line 2

City

State

ZIP/Postal code

County

Mailing address (if different from residential)

Address line 2

City

State

ZIP/Postal code

County

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 PEBB 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 Medical Flexible Savings 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 PEBB medical coverage, and any applicable premium surcharges, will be deducted from my paycheck **before** federal and/or state taxes have been collected.

Signature

Date

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

3 Agency Information

! Payroll or benefits office completes this section.

Agency/sub agency

Effective date of change

Employee's hire date