

PEBB Premium Payment Plan Election/Change

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

Last name	Suffix
First name	Middle initial
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 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
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! Return original form to your payroll or benefits office. Keep a copy for your records.

3 Agency information

<p>! Payroll or benefits office completes this section.</p>	Agency/subagency	
	Effective date of change	Employee’s hire date