

# 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](http://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 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 PEBB 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

### Agency information

 Payroll or benefits office completes this section.

Agency/subagency

Effective date of change

Employee's hire date

