

# 2022 PEBB 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 182-12-109.

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. 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 starts on that day. **Exception:** If you are required to attest to the spouse or state-registered domestic partner (SRDP) coverage premium surcharge during the PEBB Program’s annual open enrollment, the change will become effective January 1, 2022.

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

## 1 Tobacco use premium surcharge

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 PEBB 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 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 ages 18 and older who use tobacco products are currently enrolled in the free tobacco cessation program through your PEBB medical plan, and any enrolled dependents ages 13 to 17 who use tobacco products have accessed resources at [teen.smokefree.gov](http://teen.smokefree.gov).
- You **do not** have to attest for dependents ages 12 and younger. You do not need to attest when the dependent turns age 13 unless the dependent uses, or starts using, tobacco products.

List yourself and each dependent age 13 and older enrolled on your PEBB 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

No<sup>1</sup>      Date tobacco use status changed

<sup>1</sup> 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](http://teen.smokefree.gov) (if age 13 to 17).

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Subscriber's last name

Last 4 SSN

### 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

No<sup>1</sup>    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

No<sup>1</sup>    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

No<sup>1</sup>    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

No<sup>1</sup>    Date tobacco use status changed




To attest for more dependents, copy this page.

<sup>1</sup> 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](https://teen.smokefree.gov) (if age 13 to 17).

## 2


### 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 PEBB 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 Uniform Medical Plan (UMP) Classic. The comparison must be to 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 PEBB Program's annual open enrollment. See "Surcharges" on HCA's website at [hca.wa.gov/erb](https://hca.wa.gov/erb) to learn about these situations. Outside of the annual open enrollment, you must also 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.

 If you enroll a spouse or SRDP on your PEBB medical plan and you check **Yes** or leave the checkboxes below blank, you will be charged the \$50 premium surcharge.

#### Does this premium surcharge apply to you? Check one.

**Yes**, I am subject to the \$50 premium surcharge.

I used the *2022 PEBB Premium Surcharge Attestation Help Sheet* and completed the *2022 PEBB 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 *PEBB Premium Surcharge Attestation Help Sheet* and, if directed, completed the *2022 PEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

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

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Subscriber's last name

Last 4 SSN

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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 premium surcharges to the PEBB Program. I declare that one (or more) of the events above occurred that requires me to change my attestation to one or both premium surcharges, and that I am reporting it within the PEBB Program's deadlines. I am replacing all PEBB Premium Surcharge Attestation Change Forms, enrollment form attestations, and electronic 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 PEBB Program's annual open enrollment, changes become effective January 1, 2022. If I pay my monthly premiums by pension deduction or electronic debit service, I authorize the Department of Retirement Systems or Health Care Authority to deduct any premium surcharges owed from these accounts.

Name (print)

Last four digits of Social Security number

Signature

Date

Employer name (employees only)

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### Form return



Please return this to your payroll or benefits office (employees) or the PEBB Program (retirees or PEBB Continuation Coverage subscribers).

If the *2022 PEBB Premium Surcharge Attestation Help Sheet* directed you to complete the *2022 PEBB Spousal Plan Calculator*, and you are requesting your employer or the PEBB Program to help determine if the premium surcharge applies, please submit a printed version of the *PEBB Spousal Plan Calculator*.

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. Retirees and PEBB Continuation Coverage members: The PEBB Program at 1-800-200-1004 (TRS: 711).

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