

2020 PEBB Premium Payment Plan Election/Change

Type or print clearly in dark ink. Your personnel, payroll, or benefits office completes Section 1. You complete Section 2 and Section 3.

You may use this form:

1. When you are newly eligible for PEBB benefits and wish to opt out of the premium payment plan (complete Section 3).
2. During the PEBB Program's annual open enrollment.
3. After an event that creates a special open enrollment (for example, a change in employment status, marriage, birth, adoption, etc.). The change must correspond to and be consistent with the event that creates the special open enrollment. For more information about changes you can make during a special open enrollment, read PEBB Program Administrative Policy 45-2A at hca.wa.gov/pebb-rules.

Section 1: Agency information

Personnel, payroll, or benefits office completes this section.

Agency/sub agency	Effective date (mm/dd/yyyy)	Employee's hire date (mm/dd/yyyy)
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Section 2: Employee information

Employee completes this section.

Is this a name change? ☐ Yes ☐ No

Social Security number		Name (last, first, middle initial)		
Street address		City	State	ZIP Code
Mailing address (if different than above)		City	State	ZIP Code
County	Home phone number ()	Work phone number ()	Date of birth (mm/dd/yyyy)	

Section 3: Premium Payment Plan Election

Employee completes this section.

☐ **I elect to opt out** of participation in Washington State's premium payment plan, which is part of the salary reduction plan. I understand that any premium for my PEBB medical coverage and applicable premium surcharges will be deducted from my paycheck **after** federal and/or state taxes have been collected.

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

Employee's signature

Date

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