

2020 PEBB Extended Dependent Certification

Guidelines for extended dependent approval

To be considered for enrollment in Public Employees Benefits Board (PEBB) Program coverage as an extended dependent, the following conditions must be met:

- The dependent cannot be your child through birth, adoption, marriage, or a state-registered domestic partnership.
- You, your spouse, or your state-registered domestic partner are the legal guardian or have legal custody of the child.
- The child’s official residence is with the guardian or custodian.
- You have given the PEBB Program a valid court order showing that you, your spouse, or your state-registered domestic partner have legal custody or guardianship.
- The child is **not a foster child** unless you, your spouse, or your state-registered domestic partner has assumed a legal obligation for total or partial support in anticipation of adoption.

The PEBB Program will determine eligibility using the information you submit on this form and the legal documents you submit with it.

The table below shows you how to certify or recertify an extended dependent. The form begins on the next page.

Initial Certification	
<i>If you're applying for a first-time certification of an extended dependent:</i>	
Employees	Retirees or PEBB Continuation Coverage subscribers
<p>Submit this certification form, a <i>2020 PEBB Employee Enrollment/Change</i> form, and a copy of a valid court order showing legal custody or guardianship.</p> <p>Your employer must receive these within the following timelines:</p> <ul style="list-style-type: none"> • New employees: No later than 31 days after becoming eligible for PEBB benefits. • Current employees: No later than the last day of the PEBB Program’s annual open enrollment (November 30), or 60 days after a qualifying event creates a special open enrollment. For a list of these events, see the <i>Change your coverage</i> page at hca.wa.gov/pebb-employee. 	<p>Submit this certification form, the appropriate PEBB election or change form, and a copy of a valid court order showing legal custody or guardianship.</p> <p>The PEBB Program must receive these within the following timelines:</p> <ul style="list-style-type: none"> • New retirees: No later than 60 days after your employer-paid, COBRA, or continuation coverage ends. • Elected and full-time appointed officials: No later than 60 days after the date you leave public office. • New continuation coverage subscribers. No later than 60 days from the date your PEBB health plan coverage ended or from the postmark date on the <i>PEBB Continuation Coverage Election Notice</i> sent to you, whichever is later. • Current retirees and continuation coverage subscribers: No later than the last day of the PEBB Program’s annual open enrollment (November 30) or 60 days after a qualifying event creates a special open enrollment. For a list of these events, see the <i>Change your coverage</i> page at hca.wa.gov/pebb-retirees.
Recertification	
<p>The PEBB Program reviews the eligibility of extended dependent children each year. However, we reserve the right to review their eligibility at any time. The PEBB Program must receive this completed certification form no later than 30 days from the date on the letter you received from us requesting the recertification.</p>	

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2020 PEBB Extended Dependent Certification *(continued)*

Subscriber's last name	First name	Middle initial	Social Security number
Dependent child's last name	First name	Middle initial	Social Security number

Type or print clearly in dark ink. Inaccurate, incomplete, or illegible information may delay coverage.

Is this extended dependent a foster child? Yes No

If **Yes**, the child **does not qualify** for coverage as an extended dependent.

If this extended dependent is a foster child for whom you or your spouse/state-registered domestic partner has assumed a legal obligation for total or partial support in anticipation of adoption, then this form is not required.

Subscriber Information				<input type="checkbox"/> New enrollment
				<input type="checkbox"/> Recertification
Last name	First name	Middle initial	Social Security number	
Street address	Apt./unit number	City	State	ZIP Code
Mailing address (if different)	Apt./unit number	City	State	ZIP Code
Home phone number ()	Alternate phone number ()			

Dependent Child Information

Relationship to subscriber	Last name	First name	Middle initial
Child's Social Security number	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<p>Is this child disabled? <i>Check only if age 26 or older.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, also complete the <i>2020 PEBB Certification of a Child With a Disability</i> form and submit to the address on the form.</p>	<p>Is the child's official residence with the guardian or custodian?</p> <p><input type="checkbox"/> Yes: When did the child begin living with subscriber? (mm/dd/yyyy) _____</p> <p><input type="checkbox"/> No: Who does the child live with?</p> <p>Name _____</p> <p>Address _____</p>		

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2020 PEBB Extended Dependent Certification *(continued)*

Subscriber's last name	First name	Middle initial	Social Security number
Dependent child's last name	First name	Middle initial	Social Security number

Important notes

- You must submit a copy of valid court documents granting legal custody, guardianship, or temporary guardianship with this certification form.
- If this is an initial certification of an extended dependent, submit this form with your PEBB enrollment or change form.
- Make a copy of the completed forms for your records.
- If this child's status as your extended dependent changes after you submit this form, you must submit written notice **within 60 days** from the last day of the month your child is no longer eligible. Employees must notify their personnel, payroll, or benefits office; all others must notify the PEBB Program.

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 update this information within the PEBB Program's required timelines, I must repay any claims paid by my health plan(s) or premiums paid on my dependent's behalf, to the extent permitted by federal and state law. My dependent may also lose PEBB benefits as of the last day of the month they were eligible. To the extent permitted by law, the PEBB Program may retroactively terminate coverage for my dependent if I materially misrepresent eligibility, or do not pay premiums and applicable premium surcharges when due. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. This crime can result in imprisonment, fines, denial of benefits, and loss of my job. The PEBB Program will verify eligibility for my dependents. I understand that the PEBB Program may ask for this verification at any time, and that I must submit recertification forms and documents so the PEBB Program receives them within the required timeline.

This form replaces all *2020 PEBB Extended Dependent Certification* forms submitted in the past.

Subscriber's signature _____ Date _____

Mail or fax your completed forms and any required documents to:

Mail:
Health Care Authority
PEBB Program
PO Box 42684
Olympia, WA 98504-2684

Fax: 360-725-0771

Do you have questions?

Employees:

Contact your personnel, payroll, or benefits office

Retirees and PEBB Continuation Coverage subscribers:

Call the PEBB Program at 1-800-200-1004 (TRS: 711) and select menu option 5.

HCA's privacy notice

We keep your information private except as allowed by law.

To see our privacy notice, go to hca.wa.gov/erb.