

2020 PEBB Premium Surcharge Attestation Change Form

Use this form to report a change that affects your premium surcharge for tobacco use and/or spouse or state-registered domestic partner (as defined by Washington Administrative Code 182-12-109) coverage. 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 receipt of the attestation. If that day is the first of the month, the change to the surcharge starts on that day.

Type or print clearly in dark ink.

Section 1: Tobacco use premium surcharge

A \$25-per-account premium surcharge is required in addition to your monthly medical premium if you or an enrolled dependent (age 13 and older) uses a tobacco product.

Events that require a change: You must change your tobacco use attestation when your or a dependent’s (ages 13 and older) tobacco use status changes. For example, if you quit or start smoking, this is a status change.

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.

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.

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.

List yourself and each dependent age 13 and older enrolled on your PEBB medical coverage. (To list more dependents, attach more copies of this form.) Select YES or NO to attest for yourself and each dependent. 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.					Has this person used tobacco products in the past two months? If you and/or your dependent have never used tobacco products, you do not need a date in the 'NO' column.	
	First name	Middle initial	Last name	Last four digits of Social Security number	YES List the date the person started using tobacco.	NO* This person has never used tobacco products or has stopped using tobacco products for the past two months
You (subscriber):					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Dependent:					<input type="checkbox"/> Date:	<input type="checkbox"/> Date:

**Or you or this dependent are currently enrolled in your PEBB medical plan’s tobacco cessation program (if age 18 or older), or has accessed resources at teen.smokefree.gov (if age 13 to 17).*

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 personnel, payroll, or benefits office. Retirees and PEBB Continuation Coverage members: The Health Care Authority at 1-800-200-1004 (TRS: 711).

Section 2: Spouse or state-registered domestic partner coverage premium surcharge

If you do not have a spouse or state-registered domestic partner 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 state-registered domestic partner, and they have chosen not to enroll in another employer-based group medical that is comparable to PEBB Uniform Medical Plan (UMP) Classic.

Events that require a change: You may have to reattest to this premium surcharge during the PEBB Program's annual open enrollment. See 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 state-registered domestic partner's employer-based group medical status changes.

Does this premium surcharge apply to you?

If you enroll a spouse or state-registered domestic partner on your PEBB medical plan and you check YES or leave the check boxes below blank, you will be charged the monthly \$50 premium surcharge.

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

I used the *2020 PEBB Premium Surcharge Attestation Help Sheet* and, if directed, completed the *2020 PEBB Spousal Plan Calculator* online. Provide the date your spouse's or state-registered domestic partner's employer-based-group medical status changed _____.

NO, I am not subject to the \$50 premium surcharge.

I used the *2020 PEBB Premium Surcharge Attestation Help Sheet* and, if directed, completed the *2020 PEBB Spousal Plan Calculator* online. Provide the date your spouse's or state-registered domestic partner's employer-based-group medical status changed _____.

Which questions on the *2020 PEBB Premium Surcharge Attestation Help Sheet* did you check NO (if any)? Check all that apply. (Question 1 is not applicable.)

Question 2 Question 3 Question 4 Question 5 Question 6

Employer or PEBB Program to determine if premium surcharge applies. I used the *2020 PEBB Premium Surcharge Attestation Help Sheet*, and I am competing and submitting a printed *2020 PEBB Spousal Plan Calculator*. My employer or the PEBB Program (for retiree or PEBB Continuation Coverage subscribers) will use these to determine whether my spouse's or state-registered domestic partner's employer-based group medical is comparable to PEBB's UMP Classic, and whether I am subject to this premium surcharge will apply.

Section 3: 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 of the 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.
- 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.

HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, go to hca.wa.gov/erb.

Sign and date this form

Name (print) _____ Last four digits of Social Security number _____

Signature _____ Date _____

Employer name (employees only) _____

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

If the *2020 PEBB Premium Surcharge Attestation Help Sheet* directed you to complete the *2020 PEBB Spousal Plan Calculator* and you are requesting your employer or the PEBB Program (for retirees and PEBB Continuation Coverage subscribers) to determine if the premium surcharge applies, please complete and submit a printed version of the *2020 PEBB Spousal Plan Calculator*.