



**State agency and higher-education employees:** The table below shows the monthly amount that will be added to your total gross income and calculated into your withholding tax. This will be reflected on your payroll statement and on your W-2.

2018 state contribution for medical and dental coverage for:			
Medical plan	State-registered domestic partner	State-registered domestic partner's child(ren)	State-registered domestic partner and child(ren)
All medical plans	\$587	\$459	\$1,046
2018 state contribution for dental coverage (without medical coverage) for:			
Dental plan	State-registered domestic partner	State-registered domestic partner's child(ren)	State-registered domestic partner and child(ren)
All dental plans	\$46	\$46	\$92

**Employees of K-12 school districts, educational service districts (ESDs), charter schools, and local government employer groups:** Contact your payroll office for employer contribution amounts.

**Retirees enrolled in Medicare Part A and Part B:** The table below shows the state's monthly contribution toward a state-registered domestic partner's medical coverage, which will be reflected in the IRS Form 1099 you receive from the Health Care Authority (HCA).

Medical plan	2018 state contribution for medical coverage for state-registered domestic partner
Kaiser Permanente NW Senior Advantage	\$150
Kaiser Permanente WA (formerly Group Health) Medicare Plan	\$150
Premera Blue Cross Medicare Supplement Plan F (Disabled)	\$150
Premera Blue Cross Medicare Supplement Plan F (Retired)	\$106
Uniform Medical Plan Classic	\$150

All monthly amounts shown above are rounded to the nearest dollar, consistent with IRS tax reporting.

## Section 2: Signature *Required*

By signing 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 timelines in the PEBB Program rules, to the extent permitted by federal and state law, I must repay any claims paid by my health plan(s) or premiums paid on my behalf. My PEBB dependent(s) may also lose PEBB benefits as of the last day of the month of eligibility. To the extent permitted by law, the PEBB Program may retroactively terminate coverage for my dependent(s) if I intentionally misrepresent eligibility, or do not fully pay premiums when due. In addition, I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, denial of PEBB benefits, and loss of my job.

I understand that:

- This declaration of responsibility may have legal implications under federal and state laws.
- A civil action may be brought against me for any losses, including reasonable attorney's fees, if I have made a false statement in this declaration.
- I must notify my personnel, payroll, or benefits office (if I am an employee) or the PEBB Program (if I am a retiree) if there is a change in my domestic partnership or dependent's tax status promptly after the change. **Any change in my family status may also directly impact the calculation of my taxable income.**

**HCA's Privacy Notice:** We will keep your information private as allowed by law. To see our Privacy Notice, go to notice of privacy practices at [www.hca.wa.gov](http://www.hca.wa.gov).

Subscriber's printed name \_\_\_\_\_ Subscriber's signature \_\_\_\_\_

Subscriber's Social Security number \_\_\_\_\_ Date \_\_\_\_\_

**Employees:** Return this completed form to your personnel, payroll, or benefits office.

**Retirees:** Return this completed form to:

Washington State Health Care Authority, PEBB Program, PO Box 42684, Olympia, WA 98504-2684