

Completing the Retiree Forms

Please use black ink to complete the form(s).

New enrollment or enrolling after deferral

Step 1:

Check the enclosed “2016 Medical Plans Available by County” to find the plans available to you.

Step 2:

Locate your plan choice in the column on the right and complete the applicable form(s).

Step 3:

Be sure to include all eligible family members you wish to enroll.

If you're adding a registered domestic partner or his or her children to your coverage, you must also complete the *Declaration of Tax Status* form. This is available at www.hca.wa.gov/pebb or by calling the PEBB Program at 1-800-200-1004.

Changing enrollment

Step 1:

If you're changing dental plans or adding family members to your coverage, fill out the *2016 Retiree Coverage Election/Change Form A* plus additional forms if required.

Step 2:

If you are changing medical plans, check the enclosed “2016 Medical Plans Available by County” to find the plans available to you.

Step 3:

Locate your plan choice in the column on the right and complete the appropriate form(s).

Mail your form(s)

Complete, sign, and date the form(s) and mail to:

PEBB Program
Washington State Health Care Authority
P.O. Box 42684
Olympia, WA 98504-2684

Note: If you or any covered dependents haven't already sent us a copy of your Medicare card(s), you must send the copy, along with your form(s).

If you have questions about the enrollment process, please call us at 1-800-200-1004.

Form A

Use form **A** only to enroll in or make changes to:

Group Health Classic, CDHP,
Medicare Plan (Original Medicare),
SoundChoice, or Value
Kaiser Permanente Classic or CDHP
Uniform Medical Plan Classic,
UMP CDHP, or UMP Plus

Forms A and C

Use forms **A** and **C** to enroll in or make changes to:

Group Health Medicare Plan
(Medicare Advantage)
Kaiser Permanente
Senior Advantage

Forms A and B

Use forms **A** and **B** to enroll in or make changes to:

Medicare Supplement Plan F,
administered by
Premera Blue Cross

Form D

Include form **D** with enrollment forms listed above to change from a plan listed here.

Group Health Medicare Plan
(Medicare Advantage)
Kaiser Permanente
Senior Advantage