

# Open enrollment forms packet



This document contains links to the two enrollment forms to change your coverage. Select the links below to get the forms you need.

1. [PEBB Retiree Open Enrollment Election/Change form \(Form A-OE\)](#) (51-4030)
2. [PEBB Medicare Advantage Plan Election form \(Form C\)](#) (51-0576)

If you have questions, please call us at 1-800-200-1004.

## To submit your forms:

### Mail to:

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

**Fax to:** 1-360-725-0771

**Electronically submit:** Send a secure online message to PEBB Customer Service by registering for an account on HCA's website at [hca.wa.gov/fuze-questions](https://hca.wa.gov/fuze-questions). Sign and date any forms you attach to a secure message. This feature is separate from PEBB My Account.