Clear form

2020 SEBB Premium Surcharge Attestation Change

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

Use this form to report a change that affects your surcharge for tobacco use and/or spouse or state-registered domestic partner (as defined by Washington Administrative Code 182-31-050 (2)) 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 begins on that day.
Type or print clearly in black ink. Example: J O H N

1 Tobacco use premium surcharge

A $25 surcharge per-account is required in addition to your monthly medical premium if you or a dependent's (age 13 and older) enrolled on your SEBB medical plan uses a tobacco product.
Events that require a change:

- You must change your tobacco use surcharge 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 considered 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 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 begins 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 SEBB medical coverage. 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.

A Subscriber

Last name | Middle initial

First name | Last four of Social Security number

Have you 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 field. Check **Yes** or **No** below.

☐ **Yes** ☐ **No*** Date tobacco use changed ☐☐/☐☐/☐☐☐☐

B Dependent 1

Last name | Middle initial

First name | Last four of Social Security number

Has this dependent used tobacco products in the past two months?

☐ Yes ☐ No* Date tobacco use changed ☐☐/☐☐/☐☐☐☐

C Dependent 2

Last name | Middle initial

First name | Last four of Social Security number

Has this dependent used tobacco products in the past two months?

☐ Yes ☐ No*

Date tobacco use changed

__ __ / __ __ / __ __ __ __

D Dependent 3

Last name | Middle initial

First name | Last four of Social Security number

Has this dependent used tobacco products in the past two months?

☐ Yes ☐ No*

Date tobacco use changed

__ __ / __ __ / __ __ __ __

E Dependent 4

Last name | Middle initial

First name | Last four of Social Security number

Has this dependent used tobacco products in the past two months?

☐ Yes ☐ No*

Date tobacco use changed

__ __ / __ __ / __ __ __ __

F Dependent 5

Last name | Middle initial

First name | Last four of Social Security number

Has this dependent used tobacco products in the past two months?

☐ Yes ☐ No*

Date tobacco use changed

__ __ / __ __ / __ __ __ __

*Or this person has never used tobacco products, has stopped using tobacco products for the past two months, is currently enrolled in their medical plan's tobacco cessation program (if age 18 or older), or has accessed information at **teen.smokefree.gov** (if age 13 to 17).

! To attest for additonal dependents, duplicate this page.

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 SEBB medical plan, skip this section.

A $50 surcharge will be required in addition to your monthly medical premium if you have a spouse or state-registered domestic partner enrolled on your SEBB medical, and they have chosen not to enroll in another employer-based group medical that is comparable to PEBB Uniform Medical Plan (UMP) Classic. (The comparison must be to PEBB UMP Classic, even if you are not enrolled in that plan.)

Events that require a change:

- You may have to reattest to this premium surcharge during the SEBB Program's annual open enrollment. See **hca.wa.gov/sebb-employee** to learn about these situations.
- Outside of the annual open enrollment, you must 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. You must also provide proof of the qualifying event.

Does this premium surcharge apply to you?

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

☐ **Yes**, I am subject to the $50 premium surcharge. I used the *2020 SEBB Premium Surcharge Attestation Help Sheet* and, if directed, completed the *2020 SEBB 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 SEBB Premium Surcharge Attestation Help Sheet* and, if directed, completed the *2020 SEBB 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 SEBB 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 SEBB Program to determine if premium surcharge appies. I used the *2020 SEBB Premium Surcharge Attestation Help Sheet* and I am submitting a paper *2020 SEBB Spousal Plan Calculator* with this form. My employer or the SEBB Program (continuation coverage subscribers only) will use these to determine 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.

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 surcharges to the SEBB Program. I declare that one (or more) of the events above occurred that requires me to change my attestation to the tobacco use and/or spouse or state-registered domestic partner coverage premium surcharge, and that I am reporting it within the SEBB Program's deadlines. I am replacing all surcharge attestations previously submitted. I understand that changes that result in a premium surcharge will begin the first day of the month following 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 following 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 electronic debit service, I authorize the Health Care Authority to deduct any surcharge(s) 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.**

Last name

Last four digits of Social Security number

Subscriber signature

Date (mm/dd/yyyy)

/ /

4 Form return

Please return this to your payroll or benefits office (employees) or the SEBB Program (continuation coverage subscribers only).

! If the *2020 SEBB Premium Surcharge Attestation Help Sheet* directed you to complete the *2020 SEBB Spousal Plan Calculator*, and you are requesting your employer or the SEBB Program to determine if the premium surcharge applies, please submit a printed version of the 2020 SEBB Spousal Plan Calculator. Please attach the completed paper version of the *2020 SEBB Spousal Plan Calculator* (continuation coverage subscribers only).

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 payroll or benefits office. Retirees and SEBB Continuation Coverage members: The Health Care Authority at 1-800-200-1004, select menu option 5 (TRS: 711).