



## 2022 School Employee Enrollment

Subscriber's last name

Social Security number

Are you or your dependents enrolled in SEBB or PEBB insurance coverage under another account? Yes  No

**!** If yes, please contact your payroll or benefits office for help. Starting January 1, 2022, all members are limited to enrolling in health plans through either the PEBB Program or the SEBB Program.

### Choose one box for each type of coverage.

#### Medical coverage

Cover

Waive

#### Dental coverage

Cover

Waive (Dental may only be waived if the subscriber enrolls in PEBB medical and PEBB dental.)

#### Vision coverage

Cover

Waive (Vision may only be waived if the subscriber enrolls in PEBB medical and PEBB dental.)

**!** You can waive SEBB medical coverage if you are enrolled in other employer-based group medical, a TRICARE plan, or Medicare. However, you must enroll in SEBB dental, vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and, if applicable, employer-paid long-term disability (LTD) insurance. Enrollment in employee-paid LTD insurance is automatic. However, you can choose a lower cost coverage level or decline coverage. If you waive medical coverage for yourself, you cannot enroll your dependents in SEBB medical coverage.

#### Tobacco use premium surcharge

Response required if enrolling in medical coverage. The SEBB Program requires a \$25-per-account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your health, see more information in SEBB Administrative Policy 91-1 at [hca.wa.gov/sebb-rules](https://hca.wa.gov/sebb-rules).

If you check **Yes** or do not check any boxes below, you will be charged the \$25 premium surcharge. For instructions on how to respond, see the *2022 SEBB Premium Surcharge Attestation Help Sheet* on HCA's website at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) under *Forms & publications*.

**Does the tobacco use premium surcharge apply to you?** Check one.

**Yes**, I am subject to the \$25 premium surcharge. I have used tobacco products in the past two months.

**No**, I am not subject to the \$25 premium surcharge. I have not used tobacco products in the past two months, or I have enrolled in or accessed the tobacco cessation resources noted in the *SEBB Premium Surcharge Attestation Help Sheet*.

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## Spouse/state-registered domestic partner (SRDP)

List an eligible spouse or SRDP you wish to enroll in medical, dental, or vision coverage. State-registered domestic partner is defined in WAC 182-31-020. To add children, please complete Section 8, located at the end of the form.

You must provide proof of your spouse's or SRDP's eligibility within the SEBB Program's timelines, or they will not be enrolled. Timelines and a list of acceptable documents to verify eligibility are available on HCA's website at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee). If your spouse or SRDP is eligible to enroll in both the PEBB and SEBB Programs, they are limited to enrolling in SEBB medical, dental, and vision or enrolling in PEBB medical and dental. If they are a SEBB employee who waives SEBB medical for PEBB medical, they must also enroll in PEBB dental coverage.

### Relationship to subscriber. Choose one.

Spouse: Date of marriage: (mm/dd/yyyy)

SRDP: Date registered: (mm/dd/yyyy)

**!** If enrolling an SRDP, also submit a 2022 SEBB Declaration of Tax Status to indicate whether they qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).

Social Security number

Date of birth

Sex assigned at birth<sup>1</sup>

Male      Female

Last name

Gender identity<sup>2</sup>

Male      Female      X

First name

Middle initial      Suffix

Phone number

Alternate phone number

Street address (if different from subscriber's)

Address line 2

City

State

ZIP/Postal code

County

### Choose one box for each type of coverage.

#### Medical coverage

Add to coverage

Decline coverage

#### Dental coverage

Add to coverage

Decline coverage

#### Vision coverage

Add to coverage

Decline coverage

<sup>1</sup> This field is required for health care services.

<sup>2</sup> Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. To learn more, visit HCA's website at [hca.wa.gov/gender-x](https://hca.wa.gov/gender-x)

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### Tobacco use premium surcharge

Response required if enrolling your spouse or state-registered domestic partner (SRDP) in medical coverage. If you check **Yes** or do not check any boxes below, you will be charged the \$25-per-account premium surcharge in addition to your monthly medical premium. See the *2022 SEBB Premium Surcharge Attestation Help Sheet* available at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) for instructions on how to respond.


#### Does the tobacco use premium surcharge apply to you? Check one.

**Yes**, I am subject to the \$25 premium surcharge. This person has used tobacco products in the past two months.

**No**, I am not subject to the \$25 premium surcharge. This person has not used tobacco products in the past two months or has enrolled in or accessed one of the tobacco cessation resources noted in the *SEBB Premium Surcharge Attestation Help Sheet*.


### Spouse or state-registered domestic partner (SRDP) coverage premium surcharge

Response required if you are enrolling your spouse or SRDP in medical coverage. The SEBB Program requires a \$50 premium surcharge in addition to your monthly medical premium if you are enrolling your spouse or SRDP in SEBB medical and they have chosen not to enroll in another employer-based group medical that is comparable to PEBB's Uniform Medical Plan (UMP) Classic. See the *SEBB Premium Surcharge Attestation Help Sheet* for instructions on how to respond.

 The *2022 SEBB Premium Surcharge Attestation Help Sheet* and the *2022 SEBB Spousal Plan Calculator* are available at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) under *Surcharges*.

#### Does the spouse or state-registered domestic partner coverage surcharge apply to you?

**Yes**, I am subject to the \$50 premium surcharge. I used the *SEBB Premium Surcharge Attestation Help Sheet* and completed the *SEBB Spousal Plan Calculator*.

 If you check **Yes** or do not check any boxes below, you will be charged the \$50 premium surcharge.

**No**, I am not subject to the \$50 premium surcharge. I used the *SEBB Premium Surcharge Attestation Help Sheet* and, if needed, completed the *SEBB Spousal Plan Calculator*. Which questions on the *SEBB Premium Surcharge Attestation Help Sheet* did you check **No**? Check all that apply. Question 1 is not applicable.

Question 2

Question 3

Question 4

Question 5

Question 6

Employer to help determine if premium surcharge applies. I used the *SEBB Premium Surcharge Attestation Help Sheet* and am submitting a printed *SEBB Spousal Plan Calculator*. My employer will use these to help determine whether my spouse's or state-registered domestic partner's employer-based group medical is comparable to PEBB's UMP Classic plan and whether I am subject to this premium surcharge.

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## Medical plan selection

## Choose one medical plan.

## Choose one medical plan.

Kaiser Foundation Health Plan of the Northwest<sup>1</sup>

- Kaiser Permanente NW 1
- Kaiser Permanente NW 2
- Kaiser Permanente NW 3

## Kaiser Foundation Health Plan of Washington

- Kaiser Permanente WA Core 1
- Kaiser Permanente WA Core 2
- Kaiser Permanente WA Core 3
- Kaiser Permanente WA SoundChoice<sup>2</sup>

## Kaiser Foundation Health Plan of Washington Options, Inc.

- Kaiser Permanente WA Options Access PPO 1
- Kaiser Permanente WA Options Access PPO 2
- Kaiser Permanente WA Options Access PPO 3

## Premera Blue Cross

- Premera High PPO
- Premera Peak Care EPO
- Premera Standard PPO

Uniform Medical Plan (UMP),  
administered by Regence BlueShield

- UMP Achieve 1
- UMP Achieve 2
- UMP High Deductible
- UMP Plus–Puget Sound High Value Network
- UMP Plus–UW Medicine Accountable Care Network

**!** Information about medical plan options can be found on HCA's website at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee). Contact the plans with questions about benefits and provider information. (Contact information is on page 8 of this form.) Before you enroll, call the plan to make sure the provider you want to use accepts the specific plan you choose.

If you are eligible for the employer contribution toward SEBB benefits but do not waive or enroll in SEBB medical coverage, you will be automatically enrolled as a single subscriber in Uniform Medical Plan (UMP) Achieve 1, administered by Regence BlueShield, as your medical plan. Other automatic plan enrollment for employees who do not make elections include Uniform Dental Plan, MetLife Vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and, if applicable, employer-paid long-term disability (LTD) insurance. Enrollment in employee-paid LTD insurance is automatic. However, you can choose a lower cost coverage level or decline the coverage. Your dependents will not be enrolled. You will be charged a monthly \$37 premium for medical coverage as well as a \$25 monthly tobacco use premium surcharge.

These plans have specific service areas. You must live or work in the medical plan's service area to join the plan. All school employees are offered a choice of plans based on their county of residence or the county where their school district, charter school, or educational service district is based. If you work in a district that crosses county lines, you will want to identify all counties in which your school district is located to see all plan options available to you. Exception: To enroll in a UMP Plus plan, you must live in the service area.

If you move out of the medical plan's service area or change jobs to a different district, charter school, or educational service district (represented employees only), you may need to change plans. Otherwise, you will have limited access to network providers and covered services. You must report your new address and any request to change your health plan to your payroll or benefits office **no later than 60 days** after your move.

<sup>1</sup> Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

<sup>2</sup> Not all Kaiser Permanente contracted providers in Spokane County are in the SoundChoice network. Please make sure your provider is in-network before you visit.

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### Dental plan selection

Choose one dental plan in this section. Before you enroll, make sure the provider you want to use accepts the specific plan and group you choose. If you do not select a dental plan, you will be automatically enrolled in Uniform Dental Plan (Group #09600).

#### Preferred Provider Organization (PPO)

**Uniform Dental Plan** (Group #09600), administered by Delta Dental of Washington

You can choose any dental provider and change providers at any time. Your out-of-pocket costs will be lower if you use a preferred provider.

#### Managed-care plans (limited network)

**DeltaCare** (Group #09601), administered by Delta Dental of Washington. You must select a primary care dentist in the DeltaCare network.

**Willamette Dental Group of Washington** (Group WA 733), administered by Willamette Dental of Washington, Inc. You will select and receive care from a primary care dental provider in the Willamette Dental Group network.

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### Vision plan selection

Choose one vision plan in this section. Before you enroll, make sure the provider you want to use accepts the specific plan you choose. If you do not choose a vision plan, you will be automatically enrolled in MetLife Vision.

**Davis Vision**, underwritten by HM Life Insurance Company

**EyeMed Vision Care**, underwritten by Fidelity Security Life Insurance Company

**MetLife Vision**, underwritten by Metropolitan Life Insurance Company ("MetLife")

 Carrier contact information is on page 8.

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### 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 update this information within the timelines in the SEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plans or premiums paid on my behalf. My dependents and I may also lose SEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the SEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility. In addition, I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If adding a state-registered domestic partner (SRDP) to my account, I declare that my domestic partner and I have registered through the Washington Secretary of State's Office or another state.

Enrollment of any dependent is not complete until the SEBB Program verifies the eligibility of my dependents. I understand that if I am applying to add a dependent to my SEBB insurance coverage, I must provide copies of documents that verify the dependent's eligibility within the SEBB Program's enrollment timelines, or the dependent will not be enrolled.

Eligible employees must enroll in SEBB dental, vision, basic life, basic accidental death and dismemberment, and employer-paid long-term disability insurance. Enrollment in employee-paid LTD insurance<sup>1</sup> is automatic. Employees can choose a lower cost coverage level or decline coverage. Employees that elect to waive SEBB medical coverage must be enrolled in other employer-based group medical, a TRICARE plan, or Medicare. If I waive medical coverage, I understand I can enroll during the annual open enrollment period or **no later than 60 days** after a special open enrollment event as defined in the SEBB Program rules. If I waive medical coverage for myself, I cannot enroll my eligible dependents in medical coverage.

If I am eligible for the employer contribution toward SEBB benefits but do not waive or enroll in SEBB medical coverage, I will be enrolled automatically as a single subscriber in Uniform Medical Plan (UMP) Achieve 1. My dependents will not be enrolled. I will be charged a monthly \$37 premium for medical coverage as well as a \$25 monthly tobacco use premium surcharge. I allow my employer to deduct money from my earnings to pay for insurance coverage and any applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharge and spouse or SRDP coverage premium surcharge in addition to my monthly premium.

If I enroll in a high-deductible health plan with a health savings account (HSA), I must meet HSA eligibility conditions. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and that there are limits to these contributions and my HSA contributions (if any) under federal tax law.

I understand that my enrollment and my dependents' enrollment are subject to me abiding by all applicable deadlines and SEBB rules and policies. Failure to comply with applicable deadlines and SEBB rules and policies may result in my benefits selection being rejected or defaulted. This form replaces all enrollment forms previously submitted.

### Sign, date, and return form and documentation to your payroll or benefits office.

Subscriber's signature

Date



Continue to Section 8 to add children.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact your payroll or benefits office.

**HCA's Privacy Notice:** HCA will keep your information private as allowed by law. To see our Privacy Notice, go to [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee).

<sup>1</sup> Not available to employees whose eligibility was locally negotiated under Washington Administrative Code (WAC) 182-30-130(6).


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### Employer

 This section to be completed by a school district, charter school, or educational service district benefits administrator.

HCA Code Organization number

Organization name

Organization name (continued)

#### Type of organization

School district

Charter school

Educational service district

Eligibility date

#### Eligibility: Check one

Subscriber is SEBB-eligible

Subscriber is locally eligible

Effective date

## 2022 SEBB Program contractors

 Do not send forms to the addresses below. This information is only for your reference.

### Medical contractors

#### Kaiser Foundation Health Plan of the Northwest

500 NE Multnomah St., Suite 100  
Portland, OR 97232-2099  
1-800-813-2000 (TRS: 711)

#### Kaiser Foundation Health Plan of Washington

1300 SW 27th Street  
Renton, WA 98057  
1-888-901-4636  
TTY: 1-800-833-6388 (TRS: 711)

#### Kaiser Foundation Health Plan of Washington Options, Inc.

1300 SW 27th Street  
Renton, WA 98057  
1-888-901-4636  
TTY: 1-800-833-6388 (TRS: 711)

#### Premera Blue Cross

PO Box 91059  
Seattle, WA 98111-9159  
1-800-807-7310  
TTY: 1-800-842-5357 (TRS: 711)

**Uniform Medical Plan**, administered by Regence BlueShield (for medical benefit questions)

PO Box 2998  
Tacoma, WA 98401  
1-800-628-3481 (TRS: 711)

**Uniform Medical Plan**, administered by Washington State Rx Services (for prescription drug questions)

PO Box 40168  
Portland, OR 97240-0168  
1-888-361-1611 (TRS: 711)

### Dental contractors

**DeltaCare**, administered by Delta Dental of Washington

400 Fairview Ave. N., Suite 800  
Seattle, WA 98109-5371  
1-800-650-1583  
TTY: 1-800-833-6384

**Uniform Dental Plan**, administered by Delta Dental of Washington

400 Fairview Ave. N., Suite 800  
Seattle, WA 98109-5371  
1-800-537-3460  
TTY: 1-800-833-6384

### Willamette Dental of Washington, Inc.

6950 NE Campus Way  
Hillsboro, OR 97124-5611  
1-855-4DENTAL  
(1-855-433-6825)  
(TRS: 711)

### Vision contractors

**Davis Vision Inc.**, underwritten by HM Life Insurance Company

Vision Care Processing Unit  
PO Box 1525  
Latham, NY 12110  
1-877-377-9353  
TTY: 1-800-523-2847

**EyeMed Vision Care**, underwritten by Fidelity Security Life Insurance Company

4000 Luxottica Place  
Mason, OH 45040  
1-800-699-0993  
TTY: 1-844-230-6498

### Metropolitan Life Insurance Company (Vision Plan)

PO Box 385018  
Birmingham, AL 35238-5018  
1-833-854-9624  
TTY: 1-800-428-4833



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### Dependents

List eligible dependents you wish to enroll. Enrolled children must be eligible under SEBB Program rules. This includes children through the month of their 26th birthday regardless of marital status, student status, or eligibility for coverage under another plan. It also includes children age 26 or older with a disability. Use additional forms for more dependents.

If enrolling a dependent, you must provide proof of their eligibility within the SEBB Program's enrollment timelines or the dependent will not be enrolled. Timelines and a list of documents we will accept to verify eligibility are available at

**[hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee).**

If adding a state-registered domestic partner's child, extended dependent, or other nonqualified tax dependent, also attach a *2022 SEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).

If enrolling an extended dependent, attach a *2022 SEBB Extended Dependent Certification*, a valid court order showing legal custody or guardianship, and a *2022 SEBB Declaration of Tax Status*.

If enrolling a child with a disability (age 26 or older), attach a *2022 SEBB Certification of a Child with a Disability* and submit it as instructed on the form.


#### Relationship to subscriber

Child

Stepchild (not legally adopted)

Extended dependent (attach a copy of court order)

Child with a disability (age 26 or older)

 If your dependent is eligible to enroll in both the SEBB and PEBB Programs, they are limited to enrolling in SEBB medical, dental, and vision or enrolling in PEBB medical and dental. If they are a SEBB employee who waives SEBB medical for PEBB medical, they must also enroll in PEBB dental coverage.

Social Security number

Date of birth

Sex assigned at birth<sup>1</sup>

Male      Female

Last name

Gender identity<sup>2</sup>

Male      Female      X

First name

Middle initial      Suffix

Phone number

Alternate phone number

Street address

Address line 2

City

State

ZIP/Postal code

County

<sup>1</sup> This field is required for health care services.

<sup>2</sup> Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. To learn more, visit HCA's website at [hca.wa.gov/gender-x](https://hca.wa.gov/gender-x)

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### Choose one box for each type of coverage.

#### Medical coverage

Add to coverage

Decline coverage

#### Dental coverage

Add to coverage

Decline coverage

#### Vision coverage

Add to coverage

Decline coverage

### Tobacco use premium surcharge

Response required if you are enrolling dependents age 13 and older in medical coverage.

If you check **Yes** or do not check any boxes below, you will be charged the \$25-per-account premium surcharge in addition to your monthly medical premium. See the *2022 SEBB Premium Surcharge Attestation Help Sheet* available at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) for instructions on how to respond.

**Does the tobacco use premium surcharge apply to you?** Check one:

**Yes**, I am subject to the \$25 premium surcharge. This dependent has used tobacco products in the past two months.

**No**, I am not subject to the \$25 premium surcharge. This dependent has not used tobacco products in the past two months or has enrolled in or accessed one of the tobacco cessation resources noted in the *SEBB Premium Surcharge Attestation Help Sheet*.



Use additional forms to list more dependents.