

2022 School Employee Enrollment - additional dependents

Subscriber's last name

Social Security number

8

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.


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 birth¹

Male Female

Last name

Gender identity²

Male Female X

First name

Middle initial Suffix

Phone number

Alternate phone number

Street address

Address line 2

City

State

ZIP/Postal code

County

¹ This field is required for health care services.

² 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

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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 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.