HCA | Health Care Authority
Public Employees Benefits Board

2026 PEBB Employee Enrollment/Change form

Clear form

Use this form if you are unable to use Benefits 24/7 at **benefits247.hca.wa.gov**.

This form replaces all enrollment/change forms previously submitted. You must complete the entire form, including the dependent section for any children you want to continue to cover. Inaccurate, incomplete, or illegible information may delay coverage.

All members who are eligible for enrollment in both the PEBB Program and the School Employees Benefits Board (SEBB) Program must choose health plan enrollment through one program. Choosing some plans in both programs is not allowed.

Type or print clearly in dark ink and use all capital lettering in the spaces provided. Example: J O H N

⚠ Remember to read and sign Section 8.

1 Subscriber

Social Security number

Date of birth

Sex assigned at birth[1]
Male Female

Last name

Gender identity[2]
Male Female X

First name

Middle initial

Suffix

Phone number

Alternate phone number

Street address

Address line 2

City

State

ZIP/Postal code

County

Mailing address (if different from above)

Mailing address line 2

City

State

ZIP/Postal code

County

1 This field is required for health care services.

2 This field is not required for enrollment. Your response is optional and will be kept private to the extent allowable by law. Gender X means a gender that is not exclusively male or female. To learn more, visit HCA's website at **hca.wa.gov/gender-x**.

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Subscriber's last name

Social Security number

Choose one box for each type of coverage

Medical coverage

- ☐ Cover
- ☐ Waiver

⚠ If you waive medical coverage, you cannot enroll your dependents in medical. You can waive medical coverage if you are enrolled in other employer-based group medical, a TRICARE plan, or Medicare Part A and Part B.

Dental coverage

- ☐ Cover
- ☐ Waive (Dental may only be waived if you enroll in SEBB dental and SEBB vision)

Vision coverage

- ☐ Cover
- ☐ Waive (Vision may only be waived if you enroll in SEBB dental and SEBB vision)

Are you or any dependents already enrolled in PEBB or SEBB insurance coverage under another account?

☐ Yes ☐ No

⚠ If Yes, contact your payroll or benefits office for help.

Tobacco use premium surcharge

Response required if you are enrolling in medical coverage. The PEBB 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. Refer to the *PEBB Employee Enrollment Guide* or visit HCA's website at **hca.wa.gov/pebb-employee** for more information.

If you check Yes or leave this section blank, you will be charged the $25 premium surcharge. If this is a change to a previous attestation, submit the *PEBB Premium Surcharge Attestation Change Form*.

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 one of the tobacco cessation resources.

Subscriber's last name

Social Security number

2 Spouse or state-registered domestic partner (SRDP)

If enrolling or removing a spouse or SRDP, complete this section. If not, skip to the next section.

List your spouse or SRDP you wish to enroll or remove from coverage. SRDP is defined in WAC 182-12-109. State-registered domestic partnerships include partnerships of legal unions from another jurisdiction that are substantially equivalent to a domestic partnership in Washington State. Individuals in state-registered domestic partnerships are treated the same as legal spouses except when in conflict with federal law.

You must provide proof of your spouse's or SRDP's eligibility within the PEBB Program's enrollment timelines, or they will not be enrolled. Timelines and a list of documents we will accept to prove eligibility are available on HCA's website at **hca.wa.gov/pebb-employee**.

If your spouse or SRDP is eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in medical, dental, and vision plans from either the PEBB Program or the SEBB Program as described in WAC 182-12-123. They may not enroll in health plans in both programs.

⚠ If enrolling an SRDP, attach a *PEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes.

Relationship to subscriber

- ☐ **Spouse:** Date of marriage (mm/dd/yyyy)
- ☐ **SRDP (Washington State):** Partnership start date (mm/dd/yyyy)
- ☐ **SRDP (legal union):** Start date (mm/dd/yyyy)

Social Security number

Date of birth

Sex assigned at birth[1]
☐ Male ☐ Female

Last name

Gender identity[2]
☐ Male ☐ Female ☐ X

First name

Middle initial

Suffix

Street address (if different from subscriber)

Address line 2

City

State

ZIP/Postal code

County

Choose one box for each type of coverage.

Medical coverage	Dental coverage	Vision coverage
☐ Cover	☐ Cover	☐ Cover
☐ Remove from coverage	☐ Remove from coverage	☐ Remove from coverage

If removing from coverage, include reason:

1 This field is required for health care services.
2 This field is not required for enrollment. Your response is optional and will be kept private to the extent allowable by law. Gender X means a gender that is not exclusively male or female. To learn more, visit HCA's website at **hca.wa.gov/gender-x**.

Subscriber's last name

Social Security number

Tobacco use premium surcharge

Response required if you are enrolling your spouse or 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 page 2 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.

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

Response required if you are enrolling your spouse or SRDP in medical coverage. The PEBB Program requires a $50 premium surcharge in addition to your monthly medical premium if you are enrolling your spouse or SRDP in PEBB medical and they have chosen not to enroll in another employer-based group medical coverage that is comparable to Uniform Medical Plan (UMP) Classic.

Answer these questions for your spouse or SRDP in 2026:

1. Are you covering your spouse or SRDP in a PEBB medical plan?
   Yes No
2. Will they be eligible for medical coverage through their employer? (If they will not be employed, answer No.)
   Yes No
3. Will their employer offer at least one medical plan that serves their county of residence?
   Yes No
4. Have they chosen not to enroll in their employer's medical coverage?
   Yes No
5. Will the coverage offered by their employer **not** be through the PEBB or SEBB Program or a TRICARE plan?
   Answer **Yes** if their employer does not offer PEBB or SEBB coverage or a TRICARE plan. Answer **No** if their employer offers PEBB or SEBB coverage or a TRICARE plan.
   Yes No
6. Will their share of the medical premium through their employer be less than $137.76 per month?
   Yes No

If you answered **No** to any of these questions, check No below. You will not be charged the surcharge.
If you answered **Yes** to all of these questions:

1. Ask your spouse or SRDP for the Summary of Benefits and Coverage (SBC) for all medical plans that:
   a. Serve their county of residence.
   b. Have a monthly premium of less than $$137.76 per month for the employee.
2. Use the SBC information to answer the questions in the *PEBB Spousal Plan Calculator* tool. You will get a Yes or No response from the calculator. Enter this response below.

The *PEBB Spousal Plan Calculator* is available at **hca.wa.gov/pebb-employee** under *Surcharges*.

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

Does the spouse or SRDP coverage premium surcharge apply to you? Check one:

- **Yes**, I am subject to the $50 premium surcharge. I completed the *PEBB Spousal Plan Calculator*.
- **No**, I am not subject to the $50 premium surcharge. If needed, I completed the *PEBB Spousal Plan Calculator.*
- I need my employer to determine if the premium surcharge applies. I am submitting a printed *PEBB Spousal Plan Calculator.*

Subscriber's last name

Social Security number

3 Dependents

If enrolling or removing a dependent, complete this section. If not, skip to the next section.

List dependents you wish to enroll or remove from coverage. They must be eligible under PEBB 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) and children age 26 or older with a disability.

You must provide proof of their eligibility within the PEBB Program's enrollment timelines or they will not be enrolled. Timelines and a list of accepted documents are available on HCA's website at **hca.wa.gov/pebb-employee**.

If enrolling a state-registered domestic partner's child, an extended dependent, or a nonqualified tax dependent, attach a *PEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes.

If enrolling an extended dependent, submit a *PEBB Extended Dependent Certification*.

If enrolling a child with a disability age 26 or older, submit a *PEBB Certification of a Child with a Disability*.

If adding more dependents, copy the dependents section and attach to this form.

Relationship to subscriber

- Child
- Stepchild (not legally adopted)
- Extended dependent (attach a copy of the court order)
- Child with a disability age 26 or older

⚠ If they are eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in medical, dental, and vision from either the PEBB Program or SEBB Program as described in WAC 182-12-123. They may not enroll in both programs.

Social Security number

Date of birth

Sex assigned at birth[1]
Male Female

Last name

Gender identity[2]
Male Female X

First name

Middle initial

Suffix

Street address (if different from subscriber)

Address line 2

City

State

ZIP/Postal code

County

hoose one box for each type of coverage.

Medical coverage	Dental coverage	Vision coverage
Cover	Cover	Cover
Remove from coverage	Remove from coverage	Remove from coverage

If removing from coverage, include reason:

1 This field is required for health care services.

2 This field is not required for enrollment. Your response is optional and will be kept private to the extent allowable by law. Gender X means a gender that is not exclusively male or female. To learn more, visit HCA's website at **hca.wa.gov/gender-x**.

Subscriber's last name

Social Security number

Tobacco use premium surcharge

Response required if you are enrolling dependents age 13 or 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 page 2 for instructions on how to respond.

Does the tobacco use premium surcharge apply to this dependent? 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.

4 Medical plan selection

Choose one medical plan. Information about medical plan options can be found on HCA's website at **hca.wa.gov/pebb-employee**. Call the plans with questions about benefits and providers. Before you enroll, make sure the provider you want to use accepts the specific plan you choose. Contact information is at the end of this form.

Kaiser Foundation Health Plan of the Northwest (Kaiser Permanente NW)

- ☐ Kaiser Permanente NW Classic
- ☐ Kaiser Permanente NW Consumer-Directed Health Plan

Kaiser Foundation Health Plan of Washington (Kaiser Permanente WA)

- ☐ Kaiser Permanente WA Classic
- ☐ Kaiser Permanente WA Consumer-Directed Health Plan
- ☐ Kaiser Permanente WA SoundChoice
- ☐ Kaiser Permanente WA Value

Uniform Medical Plan, administered by Regence BlueShield and ArrayRx

- ☐ UMP Classic
- ☐ UMP Select
- ☐ UMP Consumer-Directed Health Plan

⚠ If you are eligible for PEBB benefits but do not waive or enroll in PEBB medical coverage, you will be automatically enrolled as a single subscriber in Uniform Medical Plan (UMP) Classic. Your dependents will not be enrolled. You will be charged a monthly premium for medical coverage as well as a $25 monthly tobacco use premium surcharge.

These plans have a specific service area. If you move out of the service area and your current medical plan is no longer available, you must select a new plan. If you do not, the PEBB Program will enroll you in a plan. You must report your new address to your payroll or benefits office and request a plan change **no later than 60 days** after you move.

Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

Subscriber's last name

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5 Dental plan selection

Choose one dental plan. 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 #3000).

Preferred provider organization (PPO)

- **Uniform Dental Plan** (Group #3000), 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 #3100), administered by Delta Dental of Washington. You must select a primary care dentist in the DeltaCare network.
- **Willamette Dental of Washington, Inc.** (Group WA82), administered by Willamette Dental of Washington, Inc. You must select and receive services from a provider in the Willamette Dental Plan network.

6 Vision plan selection

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

- **Davis Vision by MetLife**, underwritten by Metropolitan Life Insurance Company ("MetLife")
- **EyeMed Vision Care**, underwritten by Fidelity Security Life Insurance Company
- **MetLife Vision**, underwritten by Metropolitan Life Insurance Company ("MetLife")

7 Account changes and special open enrollment

Are you making changes to an existing account?

- **Yes**. If **Yes**, what changes? (Check all changes that apply in the sections below.)

  Date of event/change (mm/dd/yyyy):

- **No**. If **No**, go to the next section.

Changes you can make anytime

If you have a name or address change, contact your payroll or benefits office.

- Remove dependents from coverage. If removing due to loss of eligibility (divorce, annulment, dissolution, or dependent no longer eligible as a child), your payroll or benefits office must receive this form **no later than 60 days** after the last day of the month the dependent loses eligibility for health plan coverage. If applicable, provide former dependent's new address:

  Street address

  Address line 2

  City

  State

  ZIP/Postal code

  County

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Changes you can make during the PEBB Program's annual open enrollment

All changes become effective January 1 of the following year. Check the box next to the changes requested.

- ☐ Add dependents
- ☐ Remove dependents
- ☐ Change medical plan
- ☐ Change dental plan
- ☐ Change vision plan
- ☐ Enroll after waiving medical coverage
- ☐ Waive medical due to enrollment in other employer-based group medical, a TRICARE plan, or Medicare Part A and Part B.

Changes you can make if an event creates a special open enrollment

The PEBB Program only allows changes outside of annual open enrollment when an event creates a special open enrollment for the employee, a dependent, or both. The change must be allowable under the Internal Revenue Code and Treasury regulations and correspond to and be consistent with the event. You must provide proof of the event. Your payroll or benefits office must receive this form and proof of the event **no later than 60 days after the event occurs**.

In most cases, the enrollment or change will be effective the first day of the month after the event date or the date the form is received, whichever is later. If that day is the first of the month, the change begins on that day.

⚠ Many SOE events have restrictions on allowed changes. See PEBB Policy Addendum 45-2A on the *PEBB Rules and policies* webpage at **hca.wa.gov/pebb-rules** for details. If you need assistance, contact your payroll or benefits office.

Check the box next to the change you are requesting and the matching event.

- ☐ Add dependents
- ☐ Remove dependents
- ☐ Change medical plan
- ☐ Change dental plan
- ☐ Change vision plan
- ☐ Enroll after waiving medical coverage
- ☐ Waive medical due to enrollment in other employer-based group medical, a TRICARE plan, or Medicare Part A and Part B.

Note: A health plan change is not allowed when adding an SRDP or their child if they are not a tax dependent.

The following events allow an employee to add dependents, remove dependents, change medical, dental, or vision plans, and enroll after waiving medical.

- ☐ Employee has a change in employment status that affects their eligibility for their employer contribution toward their employer-based group health plan.
- ☐ Employee's dependent has a change in their own employment status that affects their eligibility or their dependent's eligibility for the employer contribution under their employer-based group health plan.
- ☐ Employee or a dependent becomes entitled to or loses eligibility for Medicaid or a state Children's Health Insurance Program (CHIP).
- ☐ Marriage, registering a state-registered domestic partner (SRDP), as defined by WAC 182-12-109, birth, adoption, or assuming a legal responsibility for support ahead of adoption. You must also submit a *PEBB Declaration of Tax Status* if adding an SRDP or their child to indicate whether the dependent qualifies as a dependent for tax purposes.

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The following events allow an employee to add dependents, enroll after waiving medical, and change medical, dental, or vision plans.

- Child becomes eligible as an extended dependent through legal custody or legal guardianship. Also submit a P*EBB Extended Dependent Certification*.
- Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act.
- Employee or dependent becomes eligible for a state premium assistance subsidy for PEBB health plan from Apple Health (Medicaid) or a state CHIP.

The following event allows an employee to add dependents, remove dependents, enroll after waiving medical, and waive medical coverage.

- Employee or dependent has a change in enrollment under an employer-based group health plan during its annual open enrollment that does not align with the PEBB Program's annual open enrollment. (Waiving medical coverage is allowed for this event only when an employee enrolls under another employer-based group health plan during its annual open enrollment.)

The following event allows an employee to add dependents, remove dependents, and enroll after waiving medical coverage.

- Employee's dependent moves from another country to live within the United States or moves from the U.S. to live in another country, and the move resulted in the dependent losing their health insurance.

The following event allows an employee to add dependents, remove dependents, change medical, dental, or vision plans, and enroll after waiving medical coverage.

- A court order that requires the employee or any other individual to provide insurance coverage for an eligible dependent of the employee.

The following events allow an employee to change medical, dental, or vision plans.

- Employee's or dependent's current health plan becomes unavailable because the employee or dependent is no longer eligible for a health savings account (HSA).
- Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent for a specific condition or ongoing course of treatment (requires approval by the PEBB Program).
- Employee or dependent has a change in residence that affects medical plan availability.

The following events allow an employee to add dependents, remove dependents, change medical plans, and enroll after waiving medical coverage.

- Employee gains or loses eligibility for Medicare.
- Dependent gains or loses eligibility for Medicare. For this event, employees can only add a dependent to coverage if the dependent lost eligibility for Medicare, and they can only remove a dependent from coverage if the dependent gained eligibility for Medicare.

The following event allows an employee to enroll after waiving medical and waive medical coverage.

- Employee or dependent becomes eligible and enrolls in a TRICARE plan or loses eligibility for a TRICARE plan.

Subscriber's last name

Social Security number

8 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 PEBB 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 PEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the PEBB 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 PEBB 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 is not complete until the PEBB Program verifies the eligibility of my dependents. I understand if I'm applying to add a dependent to my PEBB insurance coverage, I must provide copies of documents that verify the dependent's eligibility within the PEBB Program's enrollment timelines, or the dependent will not be enrolled.

If I am eligible for the employer contribution toward PEBB benefits but do not waive or enroll in PEBB Program medical coverage, I will be enrolled automatically as a single subscriber in Uniform Medical Plan (UMP) Classic. My dependents will not be enrolled. I will be charged a monthly premium for medical coverage as well as a $25 monthly tobacco use premium surcharge.

Employees must enroll in PEBB dental, vision, basic life, basic accidental death and dismemberment (AD&D), and employer-paid long-term disability (LTD) insurance. Enrollment in employee-paid LTD is automatic. Employees can choose a lower cost coverage level or decline coverage.

Employees who choose to waive PEBB medical (when they become newly eligible, during the annual open enrollment, or due to a special enrollment event) must be enrolled in other employer-based group medical, a TRICARE plan, or Medicare Part A and Part B. If I waive medical, I understand I can enroll during annual open enrollment or **no later than 60 days** after a special open enrollment event as defined in PEBB Program rules. If I waive medical for myself, I cannot enroll my dependents in medical.

I allow my employer to deduct money from my earnings to pay for insurance coverage and applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharges and spouse or SRDP coverage premium surcharges in addition to my monthly medical premium.

I understand if I enroll in PEBB dental or vision, it is my responsibility to call the plan (not my provider) to verify my provider is covered by the dental plan network and vision plan network I selected.

If I enroll in a consumer-directed health plan with a health savings account (HSA), I must meet HSA eligibility criteria. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and 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 PEBB rules and policies. Failure to comply with applicable deadlines and PEBB rules and policies may result in my benefits selection being rejected or defaulted.

This form replaces all enrollment forms previously submitted, including any changes made in the online enrollment system.

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

Subscriber's signature

Date

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, 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's website at **hca.wa.gov/pebb-employee**.

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Subscriber's last name

Social Security number

9 Employer

⚠ This section to be completed by your employer

Agency name

Agency/subagency

Eligibility date

Insurance effective date

Hours worked per week

Monthly earnings $

Represented?

Yes If yes, date they became represented (mm/dd/yyyy):

No

PEBB Program contractors

⚠ Do not send forms to the addresses below. They are only for your reference.

Medical

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232-5398
1-800-813-2000 (TRS: 711)

Kaiser Foundation Health Plan of Washington
2715 Naches Ave. SW
Renton, WA 98057
1-888-901-4636
TTY: 1-800-833-6388

Uniform Medical Plan, administered by Regence BlueShield (for medical benefit questions)
PO Box 1106
Lewiston, ID 83501-1106
1-888-849-3681 (TRS: 711)

Uniform Medical Plan, administered by ArrayRx (for prescription drug questions)
PO Box 40168
Portland, OR 97240-0168
1-888-361-1611 (TRS: 711)

Dental

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
1-800-537-3406
TTY: 1-800-833-6384

Willamette Dental of Washington, Inc.
910 NE 82nd St.
Vancouver, WA 98665
1-855-433-6825 (TRS: 711)

Vision

Davis Vision by MetLife, underwritten by Metropolitan Life Insurance Company
200 Park Ave.
New York, NY 10166
1-888-496-4275
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)
200 Park Ave.
New York, NY 10166
1-866-548-7139
TTY: 1-800-428-4833