INSERT AGENCY LETTERHEAD

MM/DD/YYYY

Dear NAME,

During a retrospective review of your eligibility for PEBB insurance, we discovered that you completed an enrollment form and or tobacco change form and submitted it to our office on MM/DD/YYYY. Your form attested that you were not a tobacco user and we failed to correctly enter the information, which resulted in surcharges from MM/DD/YYYY to MM/DD/YYYY.

In order to correct the error, we will refund the premium surcharge collected in error and remove the surcharge back to MM/DD/YYYY, as allowed through recourse outlined below. (WAC 182-08-187). If you do not agree with this decision or would like to pursue additional recourse, please contact us within 31 days from the date of this letter. Failure to respond will result in refund of the tobacco premium surcharge with no future right to additional recourse.

**Recourse Options:** When correcting enrollment errors, the employer must work with the employee and Health Care Authority to implement insurance coverage within the following parameter(s):

* Retroactive enrollment in a PEBB health plan;
* Reimbursement of claims paid;
* Reimbursement of amounts paid for medical and dental premiums; or
* Other recourse, upon approval by Health Care Authority

**Recourse** must not contradict a specific provision of federal law or statute and does not apply to requests for non-covered services or in the case of an individual who is not eligible for PEBB benefits.

**An employee** who does not agree with a recourse decision of the employing agency or the Health Care Authority may appeal the decision by submitting an appeal within 30 days as outlined in WAC 182-16.

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**Please review the response(s) below; sign, date and return the letter confirming your request:**

I understand the correction of my tobacco attestation(s) will effective MM/DD/YYYY and I will receive a refund of surcharge premiums, collected in error, from MM/DD/YYYY to MM/DD/YYYY.

 **Recourse Option Request:**

[ ]  I do not choose to pursue any recourse.

[ ]  I choose to pursue the following recourse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employee Signature: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

AGENCY SIGNATURE

BLOCK