



# Benefits 24/7

Benefits Administrator Manual  
SEBB Version

## *Chapter 3 – Managing Employee Accounts*

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## Introduction

This manual is intended for use as a training document only. The purpose of this manual is to assist you with managing employee information that affects Health Care Authority (HCA) sponsored SEBB Program insurance coverage. The following instructions pertain to information relevant to HCA insurance only. If there is any inconsistency between information in this manual and the Revised Code of Washington (RCW) and Washington Administrative Code (WAC), RCW and WAC take precedence.

If you have questions about Benefits 24/7 or any procedures contained in this manual, contact:

Outreach and Training

Phone: 1-800-700-1555

[HCA Support](#)

## Contact information

<b>Outreach and Training</b>	
<b>For Personnel / Payroll / Benefits Use Only</b>	
Outreach and Training	1.800.700.1555
Secure email:	<a href="#">HCA Support</a> – Select the Benefits Administrator Inquiry tile
BA website:	<a href="#">SEBB benefits administrators   Washington State Health Care Authority</a>
Order materials:	<a href="#">Order materials</a>
Fax Number:	360.725.0771
<b>Insurance Accounting / Account Receivable</b>	
Email	<a href="mailto:HCASEBBAR@hca.wa.gov">HCASEBBAR@hca.wa.gov</a>
Fax number	360.753.9152

## Employee enrollment

Employees must complete enrollment (online or paper form) indicating their enrollment elections, including the election to waive medical. Enrollment elections and dependent verification documents must be **received** as follows:

**Annual open enrollment**– No later than the last day of open enrollment.

**Newly eligible employees** – No later than **31 days** after the date the employee becomes eligible for benefits. (*Generally, the first day of work*).

**Special open enrollment** – No later than **60 days** after the date of the event that triggered the special open enrollment.

## Benefit Eligibility

### Employees anticipated to work at least 630 hours per school year

Employees must establish eligibility based on the anticipation they will work 630 hours for the entire school year as described in [WAC 182-31-040](#).

SEBB Organizations must inform employees, in writing, of their eligibility or ineligibility for SEBB benefits upon employment and when there is a change in eligibility. The written notice must include information about the school employee's right to appeal eligibility and enrollment decisions. ([WAC 182-31-030](#))

The SEBB Program developed worksheets to help employers determine eligibility for the employer contribution for benefits and to meet the requirement of notification in writing. Worksheets are available on the SEBB BA website, [Eligibility Worksheets](#) page.

The employee must make elections no later than 31 days after the date of eligibility. If the employee fails to submit elections, including the election to waive medical, the employee will be defaulted as follows: UMP Achieve 1, Uniform Dental Plan, MetLife vision plan, basic life, employer-paid LTD, and 60% employee-paid LTD as a single subscriber (no dependents enrolled). The employee will also be defaulted to incur the \$25 monthly tobacco use premium surcharge in addition to the monthly medical premiums.

The employee will automatically be defaulted on day 32 of eligibility in Benefits 24/7.

If the employee chooses to enroll dependents, dependent verification is required. The employee may upload the dependent verification documents in Benefits 24/7 for review or submit documents to the benefits administrator. [Policy 31-1](#) provides a list of valid dependent verification documents. Any other documents submitted by the employee must be approved by the SEBB Program.

Eligible dependents are outlined in [WAC 182-31-140](#).

### Employees eligible under locally negotiated criteria

SEBB organizations who have locally negotiated SEBB benefits must:

- Provide a current ratified collective bargaining agreement (CBA), and information on all eligible employees under the CBA to HCA by the start of the school year.

- Offer all SEBB benefits listed in the chart below to employees and their dependents, and only SEBB benefits.
- Provide an employer contribution as described in [WAC 182-30-130](#).
- May only consider employees whose services are substantially in the performance of essential governmental functions (not in the performance of commercial activities) qualify as essential governmental functions to be eligible.
- Must notify HCA each time the CBA is renegotiated.

The employee must make elections no later than 31 days after the date of eligibility. If the employee fails to submit elections, including the election to waive medical, the employee will be defaulted as follows: Uniform Medical Plan (UMP) Achieve 1, Uniform Dental Plan, MetLife vision, and basic life as a single subscriber (no dependents enrolled). The employee will also be defaulted to incur the \$25 monthly tobacco use premium surcharge in addition to the monthly medical premiums.

The employee will automatically be defaulted in Benefits 24/7 on day 32.

If the employee chooses to enroll dependents, dependent verification is required. The employee may upload the dependent verification documents in Benefits 24/7 for review or submit documents to the benefits administrator. [Policy 31-1](#) provides a list of valid dependent verification documents. Any other documents submitted by the employee must be approved by the SEBB Program.

Eligible dependents are outlined in [WAC 182-31-140](#).

## Benefit enrollment

Employees anticipated to work at least 630 hours per school year	Employees eligible based on locally negotiated criteria
Medical	Medical
Dental	Dental
Vision	Vision
Basic Life and AD&D and Supplemental Life and AD&D	Basic Life and AD&D Not eligible for supplemental life and AD&D
Employer-paid Long-Term Disability	Not eligible
Employee-paid Long-Term Disability	Not eligible
Medical Flexible Spending Arrangement (FSA)	Not eligible
Dependent Care Assistance Program (DCAP)	Not eligible

## Dual enrollment

Dual enrollment in SEBB coverage or SEBB and PEBB coverage is not permitted for employees or dependents. ([WAC 182-31-070](#))

When an employee or dependent is added to Benefits 24/7, the system searches for existing enrollment. If the employee or dependent is already in the SEBB medical, dental, or vision coverage or PEBB medical and dental, enrollment will not be allowed.

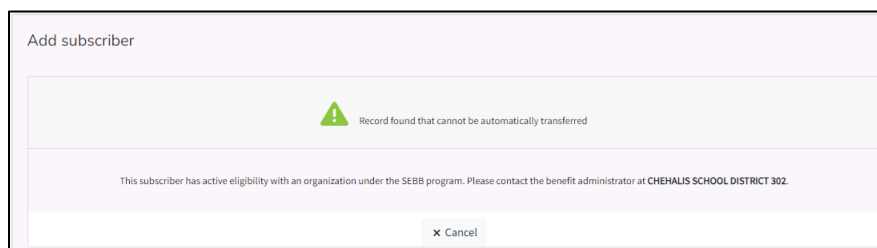
## Employees anticipated to work at least 630 hours per school year

- An eligible employee may waive SEBB medical and enroll as a dependent under their spouse, state-registered domestic partner, or parent's account. The employee cannot waive dental or vision.
- An eligible employee may waive SEBB medical, dental, and vision to enroll as a dependent under their spouse, state-registered domestic partner, or parent's PEBB account. The employee must be enrolled in SEBB basic life, employer-paid long-term disability (LTD), employee-paid LTD and has an option to enroll in supplemental life insurance. The employee may choose to reduce or decline employee-paid LID.
- If an employee is eligible at more than one SEBB organization, the employee must choose which employer to enroll under.
- If the employee is eligible at both a SEBB and PEBB employer, the employee must choose whether they will enroll in SEBB medical, dental and vision or enroll in PEBB medical and dental. If the employee enrolls in PEBB the employee must be enrolled in SEBB basic life, employer-paid long-term disability (LTD), employee-paid LTD and an option to enroll in supplemental life insurance. The employee may choose to reduce or decline employee-paid LID.
- If the employee is currently enrolled in PEBB and becomes eligible for SEBB and does not login or submit a form to waive SEBB coverage, the employee will be defaulted to UMP Achieve 1, Uniform Dental Plan, MetLife Vision, basic life insurance, basic accidental death and dismemberment, employer-paid LTD, and 60% employee-paid LTD as a single subscriber (no dependents enrolled). The employee will also be defaulted to incur the \$25 monthly tobacco premium surcharge in addition to the monthly premiums. The employee will be removed from PEBB medical and dental and remain enrolled in SEBB default plans as described above.

## Employees eligible under locally negotiated criteria

- If an employee is anticipated to meet the requirements of locally negotiated eligibility at two different SEBB organizations, the employee must choose to enroll under only one SEBB organization.
- If an employee is anticipated to be eligible for benefits under both WAC 182-08-040 and WAC 182-30-130, the employee is eligible under WAC 182-31-040.

If you manually enter an employee who is already in Benefits 24/7, you will receive the following message:



If a record is uploaded for an employee who is already in Benefits 24/7, you will receive a duplicate record message on the error file.



## Manually add a newly eligible employee record

The employee record must exist and the employee must show eligibility in Benefits 24/7 in order for the employee to create a login and enroll themselves and their dependents in benefits.

This record can be created by uploading an eligibility file (see Chapter 2) or by manually creating a record.



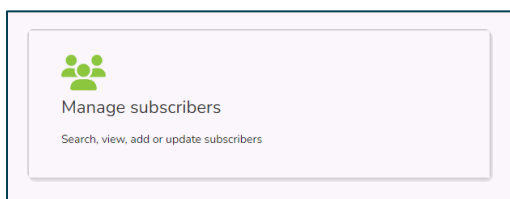
When entering data:

- An asterisk indicates the field is required.
- If the format of the data is correct, the box will outline in green. If the format of the data entered is incorrect the box will outline in red. Correct the format to save the record.
- If the date of eligibility is outside the lower limit, contact Outreach and Training through HCA Support. Do not enter an incorrect date and then request to have it updated.
- The system will indicate if the employee is currently enrolled. Follow the dual enrollment process if newly eligible employee shows enrolled. **DO NOT** enroll the employee under an incorrect SSN or ITIN. This will create a second record, cause a dual enrollment issue, and billing issues.

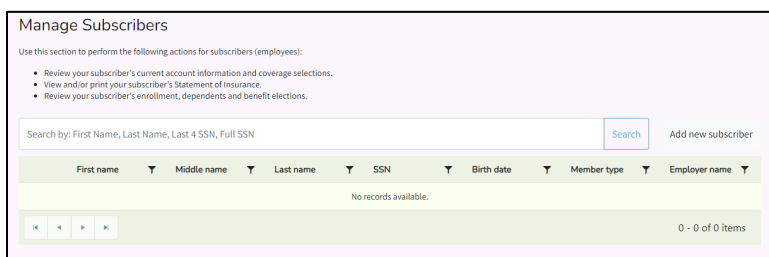
## Manually create an employee record:

Organizations providing employer demographic data through the API or by uploading an eligibility file through the 'Eligibility file' tile – Go to the [Claim an employee record](#) section of this manual to claim the demographic record and enter eligibility.

1. Log into Benefits 24/7. From the Administrative dashboard, select the 'Manage subscribers' tile.



2. Select 'Add new subscriber'.

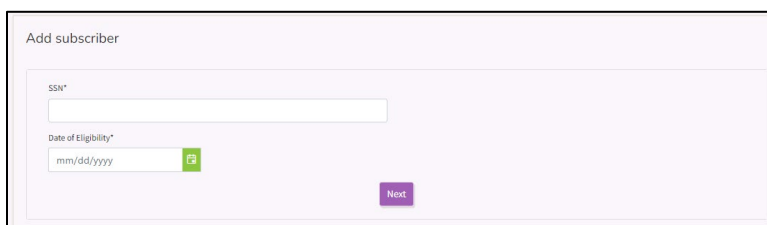


3. Enter the employee's SSN or ITIN (Individual Taxpayer Identification Number) and the date of eligibility. If the date of eligibility is in the month of September, a checkbox will display under the Date of Eligibility field. Select the checkbox only if the employee's date of eligibility is before or on the first day of school.

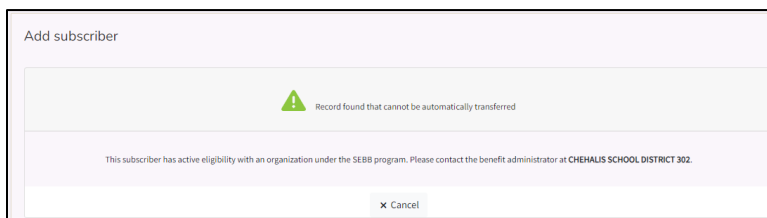
☐ Subscriber's first day of work is on or before the first day of school

*Note: The date of eligibility is typically the first day of work for the employee. It may also be the date an employee who was not initially eligible is determined eligible based on a change in work pattern. This date will start the 31-day clock and determine the effective date of benefits.*

Select 'Next'.

A screenshot of a web form titled "Add subscriber". It contains two input fields: "SSN\*" and "Date of Eligibility\*" with a calendar icon. Below the date field is a checkbox labeled "Subscriber's first day of work is on or before the first day of school". A purple "Next" button is located at the bottom right of the form.

4. If the employee is already enrolled with another employer, in continuation coverage (LWOP or COBRA), or retiree coverage a message will display.

A screenshot of the "Add subscriber" form showing an error message. A green triangle icon with an exclamation mark is displayed above the text "Record found that cannot be automatically transferred". Below this, a message states: "This subscriber has active eligibility with an organization under the SEBB program. Please contact the benefit administrator at CHEHALIS SCHOOL DISTRICT 302." A "Cancel" button is at the bottom right.

Dual enrollment is not permitted. **Do not** enter an incorrect SSN or ITIN to create the record.

Contact the other employer to work with them to have the record terminated or if the employee has dual eligibility work with the employee to determine who the employee will enroll with.

Run the Statewide Benefits Administrator Contact List report from the Reports tile in Benefits 24/7 for contact information. The report includes contacts for both SEBB and PEBB programs. If you need help with resolution or contact information, send a case through the [HCA Support](#), Benefits Administrator.

5. If the employee does not already have a record in Benefits 24/7, the Add Subscriber page opens.



When entering the employee's name do not include special characters or accent marks in a name. *For example, enter OHara or O Hara instead of O'Hara.*

6. Enter the employee's Last name, First name, and Middle name (Middle name is not required).
7. The SSN field will be populated with the SSN or ITIN previously entered.
8. Enter the Birth date, Sex assigned at birth, and Gender identity. *Note: Fields with an asterisk are required.*
9. If the information is available, add the employee's Home Phone and Work Phone in the appropriate fields. This is optional.
10. Select 'Newly eligible member' from the 'Eligibility Reason' drop-down menu.
11. The 'Date of Eligibility' will be populated with the date initially entered. The 'Coverage Effective Date' will be determined by the system based on the date of eligibility entered.
12. Select 'Yes' or 'No' from the 'Is this employee represented' drop-down menu. If the response is 'Yes' enter the effective start date of being represented.
13. If the employee is locally eligible select 'Yes'. Otherwise leave the radio button set to 'No'. See the [requirements](#) for providing benefits to locally eligible employees.
14. Enter the 'Employee's Monthly Gross Salary'. This is optional.
15. Enter the 'Date of Hire'.

16. Enter the employee's Residential Address, including the county if the employee lives in Washington or Oregon. Use USPS punctuation standards. This is the address all mailings will be sent to unless the employee provides a mailing address.

The form contains the following fields:

- Address line 1\*: Text input with placeholder "Street #, Street"
- Address line 2\*: Text input with placeholder "Unit #, Suite #"
- City\*: Text input
- State/Province\*: Dropdown menu
- County\*: Dropdown menu
- Zip code\*: Text input
- Country\*: Dropdown menu with "United States" selected

## Entering foreign addresses

In the State field, if the address is:

- In Canada, enter the Canadian Province (see chart)
- A military address, enter the military state code (see chart)
- Any other country, enter 'ZZ'

### Canadian Province Codes:

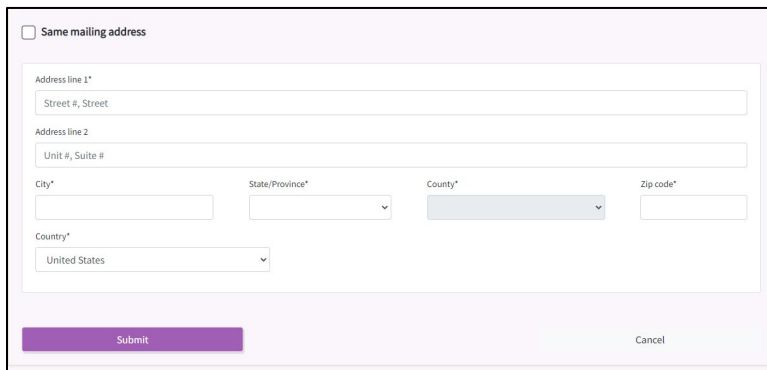
AB	Alberta	NU	Nunavut
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edward Island
NB	New Brunswick	QC	Quebec
NL	Newfoundland and Labrador	SK	Saskatchewan
NT	Northwest Territories	YT	Yukon
NS	Nova Scotia		

### Military State Codes:

AA	Armed Forces (the Americas)
AE	Armed Forces Europe
AP	Armed Forces Pacific

Select the country from the drop-down menu.

17. Enter a 'Mailing Address' if the employees provided a different address. Otherwise, select the 'Same mailing address' checkbox.



The form is titled 'Same mailing address' with a checkbox. It contains several input fields: 'Address line 1\*' (with a placeholder 'Street #, Street'), 'Address line 2' (with a placeholder 'Unit #, Suite #'), 'City\*', 'State/Province\*' (a dropdown menu), 'County\*' (a dropdown menu), 'Zip code\*', and 'Country\*' (a dropdown menu with 'United States' selected). At the bottom, there are two buttons: 'Submit' (purple) and 'Cancel'.

18. Select 'Submit'. The demographic record is created, and eligibility established. The employee may now create a SAW login or use an existing SAW login to make their elections within 31 days of the date of eligibility.

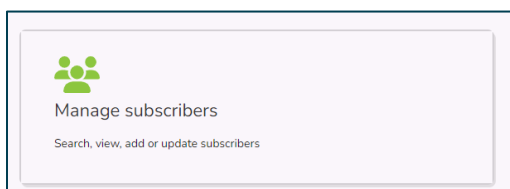
If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to UMP Achieve 1, Uniform Dental Plan, and MetLife Vision plan, basic life and AD&D, employer-paid LTD, 60% employee-paid LTD. The employee will also be defaulted to incur the \$25 tobacco use premium surcharge in addition to the monthly medical premium.

## Claim an employee record

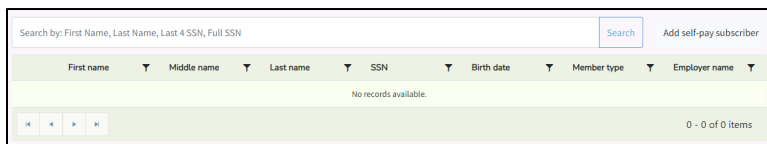
*Organizations providing employer demographic data through the API or by uploading an eligibility file through the 'Eligibility file' tile follow these steps to claim a newly eligible employee's record to establish eligibility.*

*All districts follow these steps if claiming an existing employee's account.*

1. Log into Benefits 24/7. From the Admin Dashboard, select 'Manage Subscribers' tile.



2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.



The image shows a search results interface. At the top, there is a search bar with the text 'Search by: First Name, Last Name, Last 4 SSN, Full SSN' and a 'Search' button. To the right of the search bar is a link 'Add self-pay subscriber'. Below the search bar is a table with the following columns: 'First name', 'Middle name', 'Last name', 'SSN', 'Birth date', 'Member type', and 'Employer name'. The table is currently empty, and the text 'No records available.' is displayed in the center. At the bottom of the table, there is a pagination bar showing '0 - 0 of 0 items'.

3. A list of account that meet the search parameters is returned.

Sally								Search	Add new subscriber
	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name		
<input type="checkbox"/>	Sally		Michaels	XXX-XX-5631	06/15/1985	Subscriber	CHEHALIS SCHOOL DISTRICT 302		
<div><div>1</div><div>2</div><div>3</div></div>								1 - 1 of 1 items	

4. Select the checkbox next to the name of the employee. Select 'Manage associated account'.
5. Select the 'Eligibility' tab.

Add subscriber

Last name*	First name*	Middle name	SSN*
Mouse	Mickey		852-36-5452
Suffix JR, SR	Birth date* 06/15/1965	Sex assigned at birth* Male	Gender identity* Male

Gender X means a gender that is not exclusively male or female. This field 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).

Phone numbers are used by HCA and health plan carriers to contact subscribers to resolve issues and provide customer support.

Home phone number	Work phone number

Eligibility reason*	Date of Eligibility* 06/15/2023	Coverage Effective Date 07/01/2023

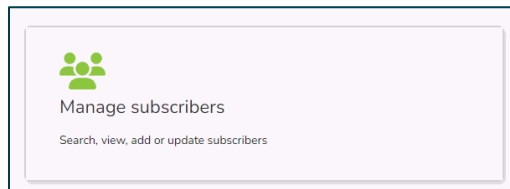
Is this employee represented?*	Is this employee locally eligible?*	Employee monthly gross salary	Hire date*
No	<input type="radio"/> Yes* <input checked="" type="radio"/> No*		06/15/2023

6. Verify the information is correct.
7. From the drop-down menu, choose the eligibility reason. Options include:
  - Newly eligible member
  - Return from LWOP
8. Choose 'Yes' or 'No' from the 'Is the employee represented' drop-down menu. If the response is 'Yes' enter the Effective start date of being represented.
9. If the salary is not populated or is incorrect, enter the salary. This is optional.
10. If the hire date field is not populated, enter the hire date.
11. Select 'Submit'. The employee may now create a SAW login or use an existing SAW login to make their elections within 31 days of the date of eligibility.

If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to UMP Achieve 1, Uniform Dental Plan, and MetLife Vision plan, basic life and AD&D, employer-paid LTD, 60% employee-paid LTD. The employee will also be defaulted to incur the \$25 tobacco use premium surcharge in addition to the monthly medical premium.

# Oops, the wrong effective date was entered

1. Log into Benefits 24/7. Select the 'Manage subscribers' tile.



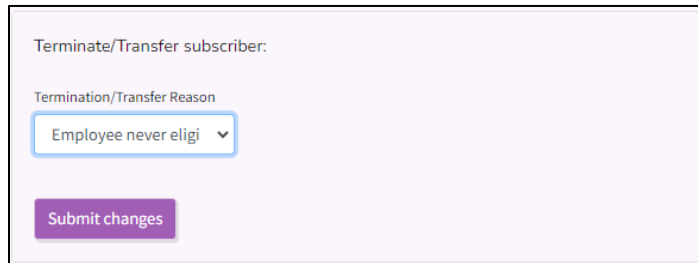
2. In the Search field, enter the employee's first name, last name, SSN or ITIN, or the last four of the SSN. Select 'Search'.

3. Select the checkbox next to the employee whose record you want to access. Select 'Manage associated subscriber'.

4. Select the 'Eligibility' tab.

5. Scroll down to the Terminate/Transfer section.

6. Select 'Employee never eligible' from the Terminate/Transfer reason drop down menu. No termination date is required.



Terminate/Transfer subscriber:

Termination/Transfer Reason

Employee never eligi ▼

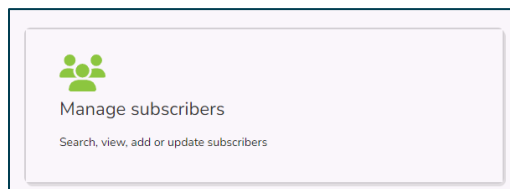
Submit changes

*Note: If the employee made elections or added dependents to the account, the elections and dependents will be removed. Employees need to make new elections within their new 31-day period.*

7. Select 'Submit changes'.

## Add the employee with the correct effective date

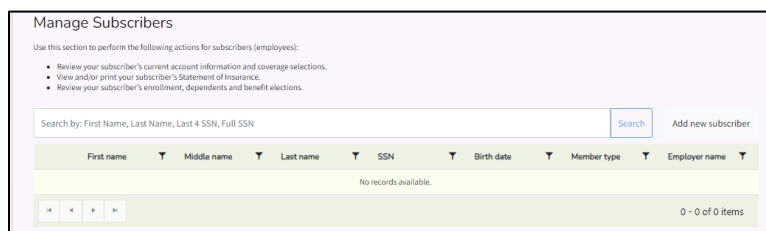
1. Select the 'Manage subscriber' tile from the Admin dashboard.



Manage subscribers

Search, view, add or update subscribers

2. Select 'Add new subscriber'.



Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

Search by: First Name, Last Name, Last 4 SSN, Full SSN

First name ▼	Middle name ▼	Last name ▼	SSN ▼	Birth date ▼	Member type ▼	Employer name ▼
No records available.						

0 - 0 of 0 items

3. Enter the employee's SSN or ITIN. Enter the new date of eligibility. Select 'Next'.



Add subscriber

SSN\*

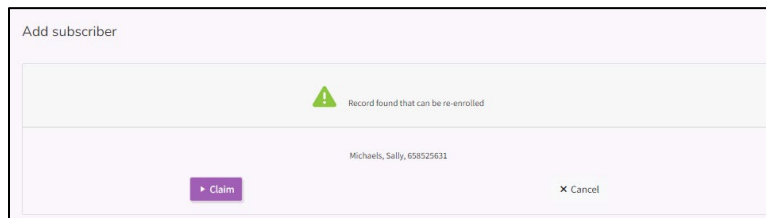
Date of Eligibility\*

mm/dd/yyyy

Next

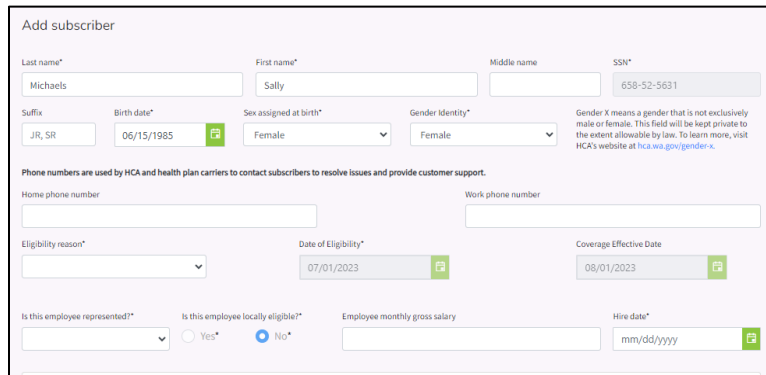


4. Select 'Claim'. The record displays.



The screenshot shows a web form titled "Add subscriber". At the top, there is a green warning icon and the text "Record found that can be re-enrolled". Below this, the name "Michaels, Sally, 658525631" is displayed. At the bottom, there are two buttons: a purple "Claim" button and a grey "Cancel" button.

5. Select 'Newly Eligible Member' from the Eligibility reason drop down menu.



The screenshot shows the "Add subscriber" form with the following fields filled out: Last name: Michaels, First name: Sally, Middle name: (empty), SSN: 658-52-5631, Suffix: JR, SR, Birth date: 05/15/1985, Sex assigned at birth: Female, Gender Identity: Female. There is a note about Gender X. Below these are fields for Home phone number, Work phone number, Eligibility reason (dropdown), Date of Eligibility (07/01/2023), Coverage Effective Date (08/01/2023), Is this employee represented? (dropdown), Is this employee locally eligible? (radio buttons, No is selected), Employee monthly gross salary, and Hire date (mm/dd/yyyy).

6. Select 'Yes' or 'No' from the 'Is this employee represented' drop-down menu. If the response is 'Yes' enter the effective start date of becoming represented.
7. Enter the employee's monthly salary in the 'Employee monthly gross salary'. This is optional.
8. Enter the date the employee was hired in the 'Hire date' field.
9. Select 'Submit'. The employee may now log in or create a SAW login or use an existing login to make their elections within 31 days of the date of eligibility.

If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to UMP Achieve 1, Uniform Dental Plan, and MetLife Vision plan, basic life and AD&D, employer-paid LTD, 60% employee-paid LTD. The employee will also be defaulted to incur the \$25 tobacco use premium surcharge in addition to the monthly medical premium.

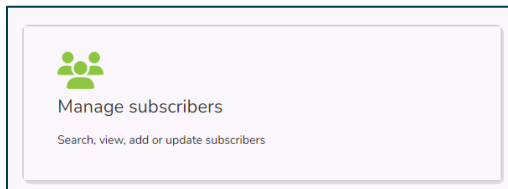
## Employee eligible for both SEBB and PEBB

If the employee has eligibility with a SEBB organization and a PEBB organization, the employee may waive SEBB medical, dental, and vision to enroll in PEBB medical and dental. The employee must be enrolled in basic life, employer-paid LTD, employee-paid LTD. The employee has the option to enroll in supplemental life insurance and reduce or decline employee-paid LTD.

The employee cannot be dual enrolled in both SEBB medical, dental and vision and PEBB medical and dental. The employee must notify the SEBB organization of their intention to waive the medical, dental, and vision to remain enrolled or waive to enroll in PEBB coverage. If no notice is provided, the employee will be defaulted in SEBB benefits as a single subscriber and PEBB benefits will be terminated.

## Waive medical, dental, and vision to enroll in PEBB benefits

1. Select 'Manage Subscribers' tile from the Admin dashboard.



2. Select 'Add new subscriber'.

3. Enter the employee's first name, last name, SSN or last 4 of the SSN. Select 'Search'.

4. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

5. Select the employee's 'Eligibility' tab.

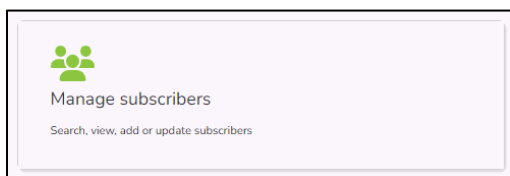
6. Select the checkbox next to 'Eligible for 'PEBB Benefits''. This enables the employee to waive medical, dental, and vision.

## 7. Select 'Submit'.

If the employee is currently enrolled in PEBB and becomes eligible for SEBB and does not login or submit a form to waive SEBB coverage, the employee will be defaulted to UMP Achieve 1, Uniform Dental Plan, MetLife vision, basic life insurance, basic accidental death and dismemberment, employer-paid LTD, and 60% employee-paid LTD as a single subscriber (no dependents enrolled). The employee will also be defaulted to incur the \$25 monthly tobacco premium surcharge in addition to the monthly premiums. The employee will be removed from PEBB medical and dental and remain enrolled in SEBB default plans.

## Enroll an employee from a paper form

### 1. Select 'Manage Subscriber's' tile.



### 2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

### 3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

### 4. Select the 'Newly Eligible' chevron. The enrollment wizard opens.

5. If the employee is adding dependents, select the 'Yes' radio button, then select the 'Next' button.

If the employee is not adding dependents select the 'No' radio button, then select the 'Proceed to elect coverage'.

If the employee is not adding dependents skip to step 28.

6. On the Dependent Information page enter the dependent's first name, last name, middle name, if provided. Enter a Suffix if applicable.

Dependent information

You may enroll your legal spouse, state-registered domestic partner, or your children. If your dependent is eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in either PEBB or SEBB health plans.

State-registered domestic partner is defined in WAC 182-31-020. Individuals in state-registered domestic partnerships are treated the same as legal spouses except when in conflict with federal law.

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, and children age 26 or older with a disability. [Learn more about eligible dependents.](#)

When adding dependents, you must provide proof of their eligibility within the SEBB Program's enrollment timelines or they will not be enrolled. Dependent children with a disability who are over the age of 26 must be certified by the SEBB Program before they can be enrolled in coverage. Timelines and a list of documents we will accept to verify eligibility are available on HCA's website under [Verify and enroll my dependents.](#)

First name\*      Last name\*      Middle name      Suffix  
[Text Box]      [Text Box]      [Text Box]      [Text Box: JR, SR]

Birth date\*      Sex assigned at birth\*      Gender Identity\*  
[Text Box: mm/dd/yyyy] [Calendar Icon]      [Dropdown]      [Dropdown]

Gender X means a gender that is not exclusively male or female. This field will be kept private to the extent allowable by law. To learn more, visit the [Gender X webpage](#) on HCA's website.

Relation\*      Qualify reason\*      SSN\*  
[Dropdown]      [Dropdown]      [Text Box]

☐ This person currently has no Social Security number\*

7. Enter the dependent's date of birth, sex assigned at birth, and gender identity.
8. Select the relationship from the 'Relation' drop-down. The options include Child, Extended Dependent, Spouse/State Registered Domestic Partner, or Stepchild (not legally adopted). If you select child, extended dependent, or stepchild the Qualify Reason will auto populate. If the dependent is age 26 or older Qualify Reason will auto populate with disabled dependent.
  - When adding an extended dependent the employee must submit an Extended Dependent Certification form and a copy of the court document granting guardianship. The SEBB Program will approve or deny the certification.
  - When adding a dependent with disabilities, age 26 or older, the employee must submit dependent verification and the Dependent with disabilities form. The certification form should be submitted as outlined on the form.
  - Dependents will not be enrolled until the dependent is verified.
  - Extended dependents and dependents with disabilities will not be enrolled until certified.

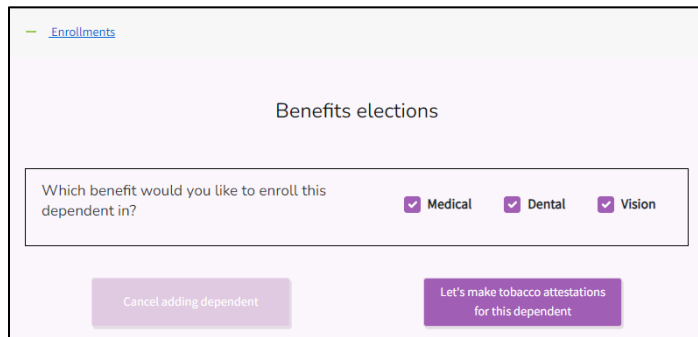
If spouse/state-registered domestic partner is selected, enter the partnership start date. From the drop-down select the Qualify Reason. The options include Married Spouse, non-WA State Domestic Partner, or WA State Domestic Partner.

*Note: Non-WA state domestic partners must be verified by the SEBB Program.*

9. Enter the dependents SSN or ITIN (Individual Taxpayer Identification Number or ATIN (Adoption Taxpayer Identification Number). If the dependent, such as a newborn, does not have an SSN at the time of enrollment, select 'This person currently has no Social Security number' checkbox. The dependent will be assigned a temporary SSN.

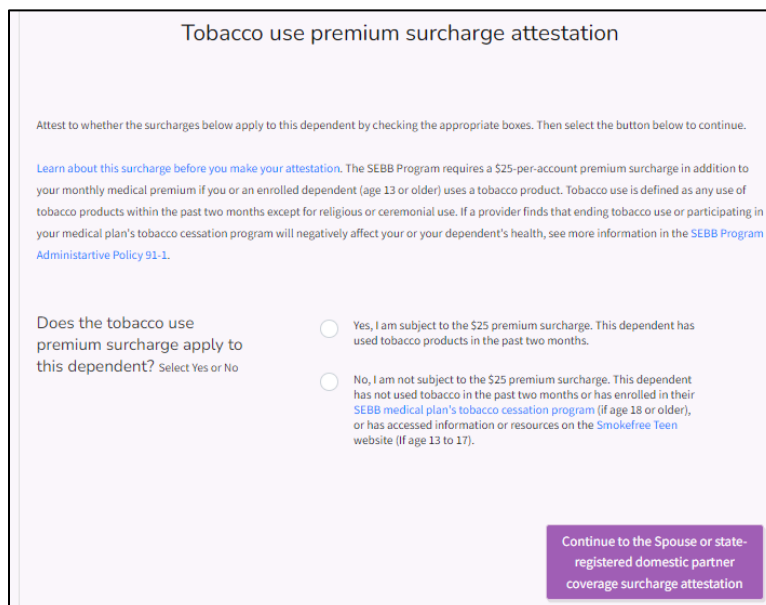
*Note: Temporary SSNs should be updated once the dependent is assigned an SSN.*

10. If the dependents' Residential address is the same as the employee's, select the checkbox. If the dependent has a different address, enter the address. Select 'Let's add coverage to your dependent'.
11. Select the checkbox next to the benefits the employee is requesting to enroll the dependent in, medical, dental, vision or any combination of the three. Select 'Let's make tobacco attestations for this dependent'.



12. Select the 'Yes' or 'No' radio button, based on the employee's attestation. If they did not attest for the dependent select 'Yes' for dependents age 13 or older. Select 'Continue to the Spouse or state-registered domestic partner coverage surcharge attestation'. This option will only display if the dependent is a spouse or state registered domestic partner.

*Note: The attestation will not display if the dependent is under the age of 13.*



13. If the employee attested, select the 'Yes' or 'No' next to each question. Up to six questions will display when 'Yes' is the response. If you answer 'No', additional questions will not display. The radio button will display the final answer.

If the answers to all questions are 'Yes', the employee may complete and submit the spouse and state-registered domestic partner calculator to determine the final response.

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

[Additional information on surcharges.](#)

A \$50 premium surcharge may apply if you have a spouse or SRDP enrolled on your medical coverage. [Learn about this surcharge](#) before you make your attestation.

Answer Yes or No to Questions 2 through 6 below.

1. Are you covering your spouse or SRDP in a PEBB medical plan in 2023?  
☒ Yes ☐ No

2. Will they be eligible for medical coverage through their employer in 2023? (If they will not be employed in 2023, answer NO.)  
☐ Yes ☐ No

☒ Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2023

☐ No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2023.

Next

14. Select 'Next'.

15. Select 'Proceed to dependent review'. Review the information to verify enrollment is correct. Select 'Save and finish this dependent'.

### Dependent review

Please review the information for the dependent you have added. You can make changes by selecting one of the sections above.

Reminder -- your child with a disability will not be enrolled in coverage until the PEBB Certification of a Child with a Disability has been submitted as instructed on the form, received within the timelines, and approved by the PEBB Program. An extended dependent will not be enrolled until they are approved by the PEBB Program.

Samuels, Harry	Medical: Enrolled	Tobacco use: No
DOB: 04/16/1963	Dental: Enrolled	Spousal surcharge: No
Spouse/state-registered domestic partner	Vision: Enrolled	

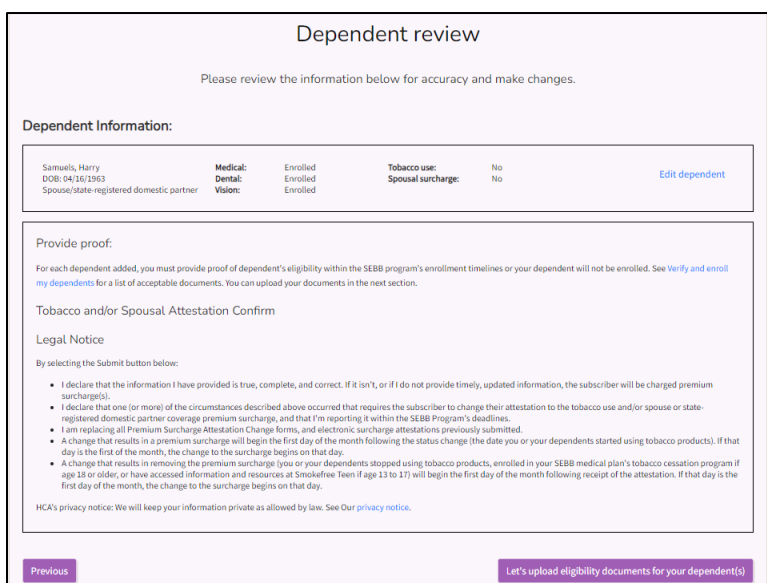
Save and finish this dependent

16. If the employee has additional dependents to add, select the 'Yes' radio button to go back through the previous steps for each dependent. If the employee does not have additional dependents to add, select the 'No' radio button. Select 'Next'.



The screenshot shows a web interface titled "Step 1 - Dependents". At the top left is a green icon of three people. The main text asks, "You have successfully added Sarah Collins. Do you have additional dependents to add?". Below this text are two radio buttons: "Yes" and "No". At the bottom left is a purple button labeled "Previous", and at the bottom right is a purple button labeled "Next".

17. Review the enrollment for the dependent. If updates are required, select 'Edit Dependent'. If the account is correct select 'Let's upload eligibility documents for your dependents'.



The screenshot shows a web interface titled "Dependent review". Below the title is the instruction: "Please review the information below for accuracy and make changes." The section "Dependent information:" contains a table with the following data:

Samuels, Harry DOB: 04/16/1963 Spouse/state-registered domestic partner	Medical: Dental: Vision:	Enrolled Enrolled Enrolled	Tobacco use: Spousal surcharge:	No No	<a href="#">Edit dependent</a>
---	--------------------------------	----------------------------------	------------------------------------	----------	--------------------------------

Below the table is a section titled "Provide proof:" with the text: "For each dependent added, you must provide proof of dependent's eligibility within the SEBB program's enrollment timelines or your dependent will not be enrolled. See [Verify and enroll my dependents](#) for a list of acceptable documents. You can upload your documents in the next section."

Below this is a section titled "Tobacco and/or Spousal Attestation Confirm".

Below that is a section titled "Legal Notice" with the text: "By selecting the Submit button below:" followed by a bulleted list of declarations and a link to "HCA's privacy notice: We will keep your information private as allowed by law. See Our [privacy notice](#)."

At the bottom left is a purple button labeled "Previous", and at the bottom right is a purple button labeled "Let's upload eligibility documents for your dependent(s)".

18. Dependent verification documents may be uploaded for convenience in verifying the dependents. Employees and employers may choose to bypass this option if employees choose to submit paper copies to their benefits administrator.

### Document upload

#### Guidelines

Verifying (proving) dependent eligibility helps us make sure we cover only people who qualify for health plan coverage. You provide this proof by submitting official documents. We will not enroll a dependent if we cannot prove their eligibility by the required deadline. We reserve the right to check a dependent's eligibility at any time.

All documents must be submitted in English. Documents written in another language must be accompanied by a translated copy produced by a professional translator and certified with a notary public seal.

Accepted dependent verification documents by dependent type.

#### To enroll a spouse:

- The most recent year's federal tax return (black out financial information), either:
  - A single return that lists you and your spouse, if you filed jointly.
  - Each return for you and your spouse, if filed separately.
- A marriage certificate and proof that the marriage is still valid (you do not have to live together), such as a utility bill, life insurance beneficiary document, or bank statement, within the last six months showing both your and your spouse's name (black out any financial information). If within six months of marriage, only the certificate is required.
- Petition for dissolution, petition for legal separation, or petition to invalidate (annul) marriage. Must be filed within the last six months.
- Defense Enrollment Eligibility Reporting System (DEERS) registration
- Valid J-1 or J-2 visa issued by the U.S. government

#### To enroll a state-registered domestic partner:

In addition to one of the following, also upload the [PEBB Declaration of Tax Status](#) (to indicate whether they qualify as a dependent for tax purposes). Provide a copy of (choose one):

- Certificate/card of a state-registered domestic partnership or a legal union and proof the partnership is still valid (you do not have to live together), such as a utility bill, life insurance beneficiary document, or bank statement dated within the last six months showing both your and your partner's name (black out any financial information). If within six months of state registration, only the card is required.
- Petition to invalidate (annul) (recently filed, within the last six months) a state-registered domestic partnership.

If you are enrolling a partner of a legal union also provide:

- Proof of Washington State residency for both you and your partner.

Additional dependent verification documents will be required within one year of the partner's enrollment for them to remain enrolled. More information can be found in [PEBB Program Administrative Policy 33-1](#).

#### To enroll children:

Provide a copy of a (choose one):

- The most recent year's federal tax return that includes the child as a dependent (black out financial information) You can submit one copy of your tax return if it includes all family members that require verification.
- Birth certificate or hospital certificate with the child's footprints on it showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner. If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner in order to enroll the child, even if not enrolling the spouse or state-registered domestic partner in PEBB insurance coverage.
- Certificate or decree of adoption showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner
- Court-ordered parenting plan
- National Medical Support Notice
- Defense Enrollment Eligibility Reporting System (DEERS) registration
- Valid J-2 visa issued by the U.S. government

#### Upload eligibility documents and indicate applicable dependents:

Select files...

Drop files here to upload

Allowed file types: pdf, jpg, jpeg, png  
Maximum file size: 10mb

Proceed to elect coverage

19. Select 'Select file' to upload documents. Select the file and select 'Open'. The document is uploaded. Repeat for each dependent, unless one document is uploaded to verify all dependents, such as a tax return.

From the 'Document type' drop-down select the type of document submitted. Associate the correct document with each dependent. Select the checkbox next to the dependent's name the document is associated with. You can choose more than one dependent if the document verifies more than one dependent. Select 'Upload/confirm changes'.

### Associate documents

How to read your earnings statement (payslip).pdf

Document type

Birth certificate (or hospital certificate with

Verification applicable to:

☒ Mary Mouse - Pending certification \*

Clear

Upload / confirm changes



20. Select 'Proceed to elect coverage'.

Confirmation of proof of eligibility

Thank you for submitting proof of eligibility documents for any dependents you may have on your account. To assist in the verification process, please respond promptly to any payroll or benefits office requests for additional information or verification documents. Untimely responses may result in your dependents not being enrolled in coverage.

Return to upload

Proceed to elect coverage

21. Select the checkbox to the desired medical plan. Or select the checkbox next to 'Waive medical coverage' if the employee is waiving medical for other employer sponsored coverage, TRICARE, or Medicare.

*Note: Only plans available in the employee's county of residence will display, unless the district crosses counties, than plans available in the county of the district will also display.*

Current Medical plan - coverage effective date July 1, 2023

Default -- not enrolled with a valid plan

Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Classic. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the plan to check.

Available Medical plans:

Selection	Medical plan	Premium
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Core 1	76
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Core 2	86
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Core 3	240
<input type="checkbox"/>	Premiera High PPO	194
<input type="checkbox"/>	Premiera Standard PPO	98
<input type="checkbox"/>	UMP Achieve 1	84
<input type="checkbox"/>	UMP Achieve 2	210
<input type="checkbox"/>	UMP High Deductible	56

☐ Waive medical coverage. Waiving coverage means you and your dependents will not have medical coverage. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.

Helpful links:

[Compare Medical plans](#)

[Medical plans by county](#) Ensure that your provider of choice is available in the selected plan: [Find your provider](#). Make sure you have the correct provider network selected prior to searching for providers.

[Plan contact information.](#)

Read the latest edition of the [Intercom newsletter](#).

Next

22. Select 'Next'.

23. Select the checkbox next to the desired dental plan. Select 'Next'.

Current Dental plan - coverage effective date July 1, 2023

**Default -- not enrolled with a valid plan**

Select a 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 enrolled in Uniform Dental Plan (Group #3000).

Available Dental plans:

Selection	Dental plan	Premium
<input type="checkbox"/>	DeltaCare (Group #9601), administered by Delta Dental of Washington.	0
<input type="checkbox"/>	Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington.	0
<input type="checkbox"/>	Willamette Dental of Washington Inc. (Group WA 733).	0

Helpful links:  
[Compare dental plans.](#)  
[Find a provider.](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)  
[Plan contact information.](#)

[Previous](#) [Next](#)

24. Select the checkbox next to the desired vision plan. Select 'Next'.

Current Vision plan - coverage effective date July 1, 2023

**Default -- not enrolled with a valid plan**

Available Vision plans:

Select one vision plan. Before you enroll, call the plan to 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 enrolled in MetLife Vision.

Selection	Vision plan	Premium
<input type="checkbox"/>	Davis Vision, underwritten by HM Life Insurance Company	0
<input type="checkbox"/>	EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company	0
<input type="checkbox"/>	MetLife Vision, underwritten by Metropolitan Life Insurance Company ("MetLife")	0

Helpful links:  
[Compare Vision plans.](#)  
 Ensure that your provider of choice is available in the selected plan [Find your provider.](#)  
[Plan contact information.](#)

[Previous](#) [Next](#)

25. Review the elections. Select 'Confirm and let's complete tobacco attestation'.

Please review the information below

If correct, select Confirm. To make a change, select previous.

- You requested to change your medical plan from Default -- not enrolled with a valid plan to Premiera High PPO.
- You requested to change your dental plan from Default -- not enrolled with a valid plan to Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington.
- You requested to change your vision plan from Default -- not enrolled with a valid plan to EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company.

Subscriber:	Coverage effective date:	Medical Plan:	Dental Plan:	Vision Plan:
Samuels, Jennifer DOB - 03/28/1965	07/01/2023	Premiera High PPO	Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington.	EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company
Samuels, Harry DOB - 04/16/1963	07/01/2023	Premiera High PPO	Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington.	EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company

[Previous](#) [Confirm and let's complete tobacco attestation](#)

26. Select 'Next'.

### Tobacco use premium surcharge

[Learn about this surcharge.](#) 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 or your dependent's health, see more information in the [PEBB Program Administrative Policy 91-1](#).

Before you change your attestation. Events that require a change: Subscriber must change your attestation when subscriber or subscriber's enrolled dependents' (age 13 or older) tobacco use status changes. If you check Yes or leave the checkboxes blank for subscriber or any dependents listed below, subscriber will be charged the monthly \$25 premium surcharge.

Note: Enrolled dependents ages 12 and younger are automatically defaulted to NO. Subscriber does not need to attest when the dependent turns age 13 unless they use, or begin using, tobacco products.

[Additional information on surcharges](#)

Next

27. Enter the response to the tobacco attestation provide by the employee. If the employee did not attest, leave the radio button set to 'Yes'. Select 'Yes'.

### Tobacco use premium surcharge

#### Does the tobacco use premium surcharge apply to you?

☒ 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 in the past two months or am enrolled in my [PEBB medical plan's tobacco cessation program](#) (if age 18 or older).

Previous Next

28. Review the Legal Notice. Select 'Next'.

### Legal notice

By selecting the Next button below:

- 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 requires an attestation change to the premium surcharges, and that I'm reporting it within the SEBB Program's deadlines.
- I am replacing all SEBB Premium Surcharge Attestation Change forms, enrollment form attestations, and electronic surcharge attestations previously submitted.
- I understand that 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.
- I understand that changes that result in removing the premium surcharge will begin the first day of the month after receipt of the attestation. If that day is the first day of the month, the change to the surcharge begins on that day.

HCA's privacy notice: We will keep your information private as allowed by law. See Our [privacy notice](#).

Previous

Next

29. Review the attestation. Select 'Confirm and let's review supplemental coverage'.

### Tobacco use premium surcharge

You will be charged the \$25 tobacco use surcharge in addition to your monthly medical premium.

Select Confirm to continue. Select Previous to change your response.

Previous

Confirm and let's view supplemental coverage options

30. If the employee submitted a Long-Term Disability (LTD) form, select the radio button next to the desired level of coverage. If the employee did not submit an LTD form, leave the radio button set to 60% (the default).

The employee may reduce or decline employee-paid LTD at any time. After the initial 31-days of eligibility, the change is prospective. If the employee decides to enroll or increase employee-paid LTD after the initial 31-days of eligibility, Standard Insurance must approve the change. The employee must submit evidence of insurability to Standard for approval.

Scroll down and select 'Continue and Review'.

Employer-paid LTD insurance

You are automatically enrolled in employer-paid LTD insurance, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health).

- Benefit: 60 percent of the first \$667 of your predisability earnings.
- Minimum: \$100 or 10 percent of the LTD benefit before deductible income (whichever is greater)
- Maximum: \$400 per month

Employer-paid LTD is included in your benefits at no cost to you.

Employee-paid LTD

You are automatically enrolled in a plan that covers up to 60 percent of the first \$16,667 of your monthly predisability earnings. You do not need evidence of insurability. The minimum benefit is \$100. The maximum benefit is \$10,000 per month for the 60-percent coverage and \$8,333 per month for the 50-percent coverage.

At any time, you can reduce to a lower-cost 50-percent coverage level or decline the employee-paid coverage.

If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

An increase in coverage takes effect the first day of the month following the date evidence of insurability is approved.

Employee-paid LTD cost

These rates are based on the employee's age on January 1, of the current year.

To use the monthly premium calculator, visit [The Standard's Calculator Tool](#). You can also [view employee-paid LTD premiums](#).

Select your LTD coverage

☒ Employee Paid (60% Default Plan)

☐ Employee Paid (50% Buy Down Plan)

☐ Decline employee-Paid LTD

To calculate your monthly LTD premium yourself, use the formula below.

Your monthly predisability earnings (not to exceed \$16,667) x age rate = monthly premium.

31. Review the enrollment information. Select 'Next'.

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Jennifer Samuels  
123 Main Street  
Chehalis, WA 98532

Employer: CHEHALIS SCHOOL DISTRICT 302

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date	Vision coverage Effective date
Samuels, Jennifer	07/01/2023	07/01/2023	07/01/2023
Samuels, Harry	07/01/2023	07/01/2023	07/01/2023

HCA-sponsored coverage

Medical coverage provided by: Premera High PPO

Medical premium: \$194.00  
Tobacco surcharge: \$25.00  
Spousal/state-registered domestic partner surcharge: \$0.00

Dental coverage provided by: Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington.

Dental premium: \$0.00

Vision coverage provided by: EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company

Vision premium: \$0.00

Total monthly premium: \$219.00

Please review the enrollment information above for accuracy. If the information is correct, select next to proceed. If you need to make a correction to any section, select the section at the top of the page.

Next

### 32. Review the LTD enrollment. Select 'Next'.

#### Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

---

#### Life insurance coverage

All life insurance is administered by MetLife. If you have questions about your coverage, call MetLife at 1-866-548-7139.

<b>Employer-paid coverages</b>	
\$35,000.00	Employee Basic Life
\$5,000.00	Employee Basic AD&D

**Supplemental coverages**  
Please visit metlife at [mybenefits.metlife.com/wasebb](https://mybenefits.metlife.com/wasebb) to view your optional insurance elections, or call Metlife at 1-866-548-7139.

---

#### Long-term disability insurance coverage

Employer-paid LTD with 90-day waiting period  
Supplemental ltd coverage: Employee Paid (60% Default Plan)

[Previous](#)[Next](#)

### 33. Review the Legal Notice. Select 'Confirm'.

#### Legal notice

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.

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 SEBB benefits.

If adding a state-registered domestic partner 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 SEBB Program verifies the dependent's eligibility. 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.

Employees will be automatically enrolled in employee-paid LTD insurance. Employees who choose to waive SEBB medical coverage (when they become newly eligible, during annual open enrollment, or due to a special open enrollment) 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 SEBB Program rules. If I waive medical coverage for myself, 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 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 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 applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharge and spouse or state-registered domestic partner coverage premium surcharge in addition to my monthly medical 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.

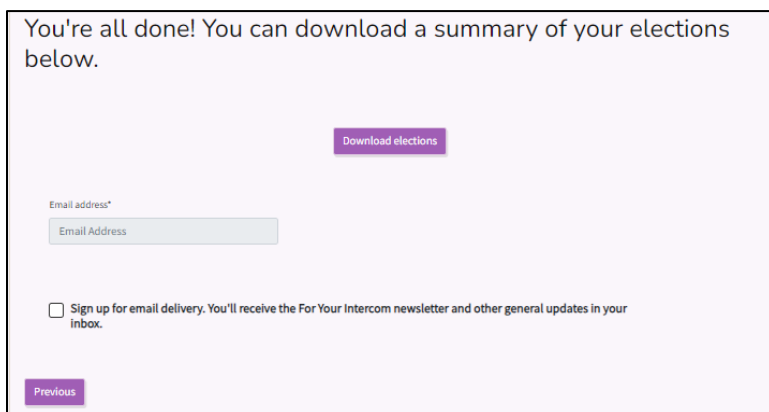
I understand that my enrollment and my dependents' enrollment are subject to me abiding by all applicable deadlines and SEBB rules and policies. Failure to comply with applicable deadlines and SEBB rules and policies may result in my benefits selection being rejected or defaulted.

This form replaces all enrollment forms previously submitted. Any changes made in Benefits 24/7 or SEBB enrollment or change forms submitted and dated later than this online enrollment will replace this online enrollment.

[Previous](#)[Confirm](#)

34. Select 'Download elections' to provide employee with a copy of the enrollment.

If the employee indicated they would like to receive email notifications, enter the employee's email address. Select 'Sign up for email delivery' checkbox.



*Note: The 'Newly Eligible' wizard will remain available to the employee throughout the initial 31-days of eligibility. Employee's may make changes to their elections during that time. The wizard will remain available to employers through the lower limit date to give you time to enter the employee's elections. **The form must have been received within the 31-days.***

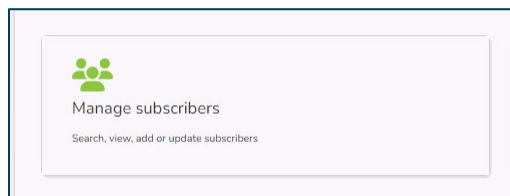
## Update enrollment

Employees may make changes to their account as many times as they like within 31 days of becoming newly eligible or within 60 days of the special open enrollment as long as the event has not been submitted for approval.

- The employee can continue to access the Newly Eligible Wizard by logging into Benefits 24/7 within their 31 days of eligibility to make changes to their account.
- If they wish to make changes after the 31 days of eligibility, the employee may make changes only if they have a life event that creates a special open enrollment or during annual open enrollment. *Exception: Employees may attest to or update the tobacco surcharge and reduce or decline employee-paid LTD at any time.*
- If the employee submits a form requesting a change within 31 days of eligibility or an error was made when a benefits administrator entered the enrollment, the benefits administrator can correct the account within lower limit or create a case in HCA Support to make a request for Outreach and Training to make the correction. **The employee must have submitted a form within 31 days of eligibility.**

## Newly eligible employee

1. From the Administrative Dashboard, select the 'Manage subscribers' tile.



2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the employee's name. Select 'Manage associated subscriber'.

4. Select the 'Newly Eligible' chevron.



5. Walk through the wizard to make corrections to the account. Make the correction and walk through the remainder of the wizard to confirm the change.

The wizard must be walked through to the end to ensure the change is saved.



## Dependent verification

Employees are required to submit dependent verification documents when adding a dependent to their account. Dependents will not be enrolled until they are verified by the benefits administrator or the SEBB Program. The list of valid verification documents is included in [Policy 31-1](#). If you receive a document that is not on the list, send a case through [HCA Support](#) using the Benefits Administrator tile and the SEBB Program will review and determine if it is acceptable as verification.

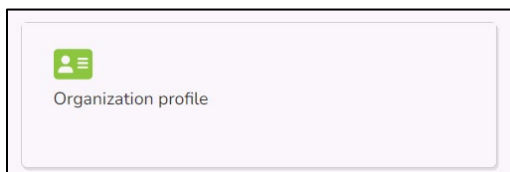
The verification documents must be received within the deadline for the enrollment

- **Annual open enrollment** – no later than the last day of open enrollment
- **Newly eligible employees** – no later than 31 days after the date of eligibility
- **Special open enrollment** – no later than 60 days after the date of the event

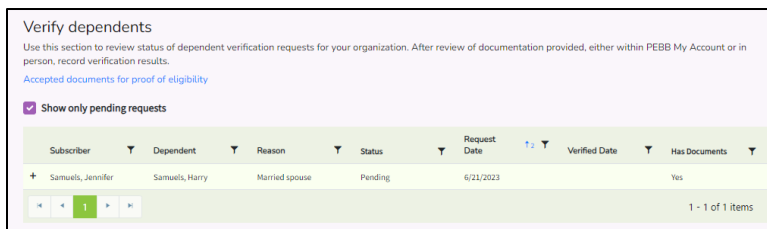
*Note: All documents must be submitted in English. Documents written in a foreign language must be accompanied by a translated copy produced by a professional translator and certified with a notary public seal.*

## Verify a dependent

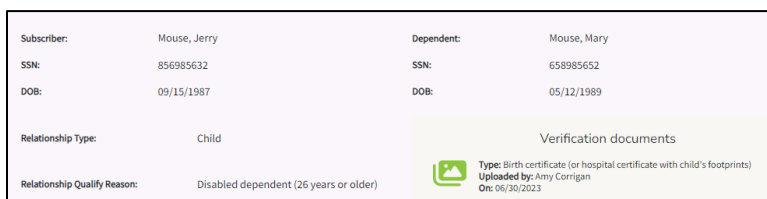
1. From the Admin dashboard, select the 'Dependent Verification' tile.



2. Click on the + next to the employee with dependents to be verified.



3. Select the icon of the attached document if one was uploaded. If the employee provided paper copies of the verification documents, review the paper copy. Review and verify the document is valid, legible, and complete. Verify it is included as a valid document in [Policy 31-1](#).





If the employee selected the document applies to multiple dependents checkbox, the document will display for each dependent to be verified.

The document will automatically be deleted from Benefits 24/7 based on the retention schedule.

If the verification is denied, the document will remain for 180 days as the employee has the right to appeal the denial.

### Approve dependent verification

- If the dependent verification document is valid select 'Verify'.

Select the Verification Status from the drop-down menu.

Options:

Verified	Employee submitted valid documents, dependent is verified
Verified Exempt	Verified where at least one of the partners is age 62 or older
Verified Not WA Registration	Verified any other state equivalent of a state-registered domestic partnership – <b>Must be approved by the program</b>
Verified WA Registration	Verified WA registration

- Select the 'Document type' from the drop-down menu. The options will change based on the type of dependent.

## Deny dependent verification

1. To deny the dependent, selection 'Deny'.

Show only pending requests

Subscriber	Dependent	Reason	Status	Request Date	Verified Date	Has Documents
Samuels, Jennifer	Samuels, Harry	Married spouse	Pending	6/21/2023		Yes

Subscriber: Samuels, Jennifer  
SSN: 852369856  
DOB: 03/28/1965

Dependent: Samuels, Harry  
SSN: 856852365  
DOB: 04/16/1963

Relationship Type: Spouse/state-registered domestic partner

Relationship Qualify Reason: Married spouse

Verification documents

Type: Marriage Certificate and Evidence that the marriage is still valid  
Uploaded by: Amy Corrigan  
On: 06/21/2023

☐ Verify ☐ Deny ☒ Pending

Submit changes Cancel

Select the status from the 'Verification status' drop-down menu.

Show only pending requests

Subscriber	Dependent	Reason	Status	Request Date	Verified Date	Has Documents
Samuels, Jennifer	Samuels, Harry	Married spouse	Pending	6/21/2023		Yes

Subscriber: Samuels, Jennifer  
SSN: 852369856  
DOB: 03/28/1965

Dependent: Samuels, Harry  
SSN: 856852365  
DOB: 04/16/1963

Relationship Type: Spouse/state-registered domestic partner

Relationship Qualify Reason: Married spouse

Verification documents

Type: Marriage Certificate and Evidence that the marriage is still valid  
Uploaded by: Amy Corrigan  
On: 06/21/2023

☐ Verify ☒ Deny ☐ Pending

Verification status\*  
Denied date\*  
Document type\*

Submit changes Cancel

Options:

Denied	The dependent is not eligible, based on WAC 182-31-140
Illegible	Not able to read the document – poor quality, not in English
Incomplete	All required documents were not submitted
Invalid	The document is not valid
No DV document provided	Employee did not provide documents or provided documents after the deadline.

2. The Denied date will default to today's date.
3. Select the 'Document type' from the drop-down menu. If no dependent verification or partial dependent verification was submitted, select the document type missing.
4. Click 'Submit changes'.
5. Notify the employee, in writing, if the dependent was denied and include why the dependent was denied and include appeal rights.

## Update denied dependent verification

1. If you receive valid dependent verification documents after you denied the dependent, but within 31-days of eligibility or 60-days of the special open enrollment, the verification will need to be updated.
2. Select the 'Dependent verification' tile on the Admin dashboard.
3. Uncheck the 'Show only pending requests' checkbox.
4. As time goes by, this list can become quite long. Use the funnel icon next to the Subscriber header to search for the employee's name. Or select the 'Subscriber' header to resort the list.

This screenshot shows the search interface for dependent verification. It features a table with columns for 'Subscriber', 'Dependent', and 'Reason'. Below the table, there is a search filter section with a 'Contains' dropdown, an 'And' dropdown, and another 'Contains' dropdown. There are also 'Clear' and 'Filter' buttons. A pagination control shows '1' of 1 results. A link 'Contact HCA' is visible at the bottom left.

5. Enter the employees first or last name in the search field. Select 'Filter'.
6. Select the + symbol next to the employee's name.

This screenshot shows the details and update form for a dependent verification request. At the top, there is a checkbox for 'Show only pending requests'. Below it is a table with columns: Subscriber, Dependent, Reason, Status, Request Date, Verified Date, and Has Documents. The first row shows a pending request for Jennifer Samuels. Below the table, there is a form to update the request. It includes fields for Subscriber, Dependent, SSN, and DOB. There is a section for 'Relationship Type' and 'Relationship Qualify Reason'. A 'Verification documents' section shows a document titled 'Type: Marriage Certificate and Evidence that the marriage is still valid' uploaded by Amy Corrigan on 06/21/2023. There are checkboxes for 'Verify', 'Deny', and 'Pending'. The 'Deny' checkbox is checked. There is a 'Verification status' dropdown set to 'Denied' and a 'Denied date' field set to 06/22/2023. There is also a 'Document type' dropdown set to 'Marriage Certificate and Evidence that the marriage is still valid'. At the bottom, there are 'Submit changes' and 'Cancel' buttons.

7. Select the 'Verify' checkbox.
8. Select 'Verified' from the Verification Status drop-down.
9. Select the 'Document Type' from the drop-down.
10. Select 'Submit changes'.

## Special open enrollment

An employee may submit a Special Open Enrollment (SOE) when they experience a life event that allows a change to benefits. Valid SOE events are outlined in Policy 45-2, [Addendum 45-2A](#).

Benefits administrators may also submit a special SOE for the employee, if a paper form is received.

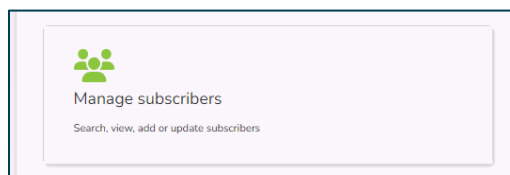
Do not use the SOE to remove an ex-spouse or in the event of a death. See the [Reporting a divorce or death](#) section in this manual.



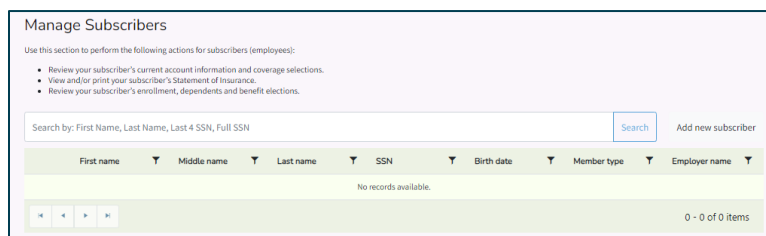
If dependents were added during a special open enrollment, in addition to verifying the special open enrollment event with proof of the event, the dependent must be verified. If the special open enrollment event is approved, go to the 'Dependent verification' tile to verify the dependents.

### Submit an SOE on behalf of an employee

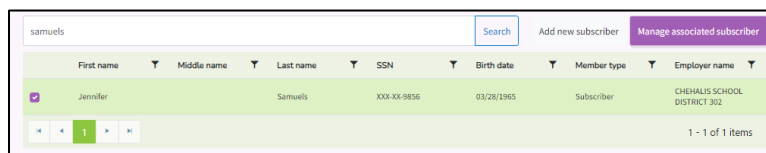
1. From the Admin Dashboard, select the 'Manage Subscribers' tile.



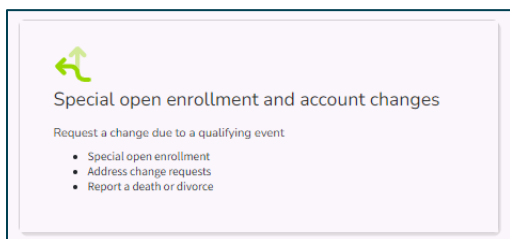
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.



3. Select the checkbox next to the employer's name. Select 'Manage associated subscriber'.



4. On the employee's dashboard select the 'Special Open Enrollment' tile.



5. The top section lists Special Open Enrollment Events. From the top section select the SOE event from the drop-down list.

6. Enter the date of the event in the 'Event Date' field. Select 'Add new event'.

*Note: The 'Coverage Effective Date Override' is only used in a specific circumstance. The date override is to be used only when you receive a form from the employee and the special open enrollment event was not entered into the system timely.*

*For example, the employee submits a form for a special open enrollment event on the last day of the month 6.30. The event is created the following month on 7.3. The effective date should have been the first of the following month, 7.1. Enter the coverage effective date of 7.1 in the override field.*

*This field is **not** to be used to change the effective date to a date prior to the receipt of the form.*

7. The wizard will look different depending on the event selected and the changes allowable under the event. The example used is adding a dependent. Select 'Yes'. Select 'Next'.

Only one event can be in pending, draft, or submitted status at any given time. You cannot create a new event until the current event is verified, denied, or cancelled. You can cancel an event using the "cancel" button from the list above.

Dependents Upload Coverage Attestations Confirmation

**Step 1 - Dependents**

Do you have additional dependents to add to your account?

☐ Yes ☐ No

8. Enter the dependent's information. Select 'Let's add coverage to your dependent'.

First name\* Last name\* Middle name Suffix  
Birth date\* Sex assigned at birth\* Gender Identity\*  
Relation\* Qualify reason\* SSN\*  
☐ This person currently has no Social Security number\*

☐ Residential address is the same as subscriber

Address line 1\*  
Address line 2  
City\* State/Province\* Zip code\*

Let's add coverage to your dependent

9. Select the benefits in which to enroll the dependent. Select 'Next'.

Benefits elections

Which benefit would you like to enroll this dependent in? ☐ Medical ☐ Dental ☐ Vision

Cancel adding dependent Next

10. Select 'Yes' or 'No' based on the employee's response to the tobacco attestation for the dependent. If the employee did not attest, select 'Yes'. 'Select 'Proceed to dependent review'.

*Note: The attestation will not display if the dependent is under the age of 13.*

### Tobacco use premium surcharge attestation

Attest to whether the surcharges below apply to this dependent by checking the appropriate boxes. Then select the button below to continue.

[Learn about this surcharge before you make your attestation.](#) 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 or your dependent's health, see more information in the [SEBB Program Administrative Policy 91-1](#).

Does the tobacco use premium surcharge apply to this dependent? Select Yes or No

☐ 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 in the past two months or has enrolled in their [SEBB medical plan's tobacco cessation program](#) (if age 18 or older), or has accessed information or resources on the [Smokefree Teen](#) website (If age 13 to 17).

Proceed to dependent review

11. Select 'Continue to the Spouse or state-registered domestic partner coverage surcharge attestation'.

*Note: This option will only display if the dependent is a spouse or state registered domestic partner.*

[Additional information on surcharges.](#)

A \$50 premium surcharge may apply if you have a spouse or SRDP enrolled on your medical coverage. [Learn about this surcharge](#) before you make your attestation.

Answer Yes or No to Questions 2 through 6 below.

1. Are you covering your spouse or SRDP in a PEBB medical plan in 2023?

☒ Yes

☐ No

2. Will they be eligible for medical coverage through their employer in 2023? (If they will not be employed in 2023, answer NO.)

☐ Yes

☐ No

☒ Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2023

☐ No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2023.

Next



12. Review the enrollment information. 'Select 'Save and finish this dependent'.

Dependent review


Please review the information for the dependent you have added. You can make changes by selecting one of the sections above.

Reminder -- your child with a disability will not be enrolled in coverage until the PEBB Certification of a Child with a Disability has been submitted as instructed on the form, received within the timelines, and approved by the PEBB Program. An extended dependent will not be enrolled until they are approved by the PEBB Program.

Samuels, Penny	Medical: Enrolled	Tobacco use: No
DOB: 09/02/2000	Dental: Enrolled	Spousal surcharge: Not applicable
Child	Vision: Enrolled	

Save and finish this dependent

13. Review the enrollment information. Select 'Let's upload eligibility documents for your dependent(s)'.

Step 1 - Dependents

Dependent review

Please review the information below for accuracy and make changes.

If your SOE event allows for removing dependents from coverage, click "Edit Dependent" next to the dependent you wish to take action on. For more information on changes you can make and when your SOE event allows for enrolling dependents or removing them from coverage, please see [PEBB Special Open Enrollment](#)

Dependent Information:

Mouse, Sally DOB: 08/25/2019 Child	Medical: Dental:	Enrolled Enrolled	Tobacco use: Spousal surcharge:	No Not applicable	<a href="#">Edit dependent</a>
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Provide proof:

For each dependent added, you must provide proof of dependent's eligibility within the PEBB Program's enrollment timelines or your dependent will not be enrolled. See [Verify and enroll my dependents](#) for a list of acceptable documents. You can upload your documents in the next section.

Tobacco and/or Spousal Attestation Confirm

Previous

Let's upload eligibility documents for your dependent(s)

14. Upload dependent verification. Select 'Upload/confirm changes'.

If the employee provided paper copies it is not necessary to upload the documents. Dependent verification can be completed from the paper copies.

If the employee is adding an extended dependent the certification form and copy of the court document approved or denied by the program. Uploaded documents are visible to Outreach and Training.

If the employee is adding a dependent with disabilities, age 26 or older, the certification form must be sent based on instructions on the form. Dependent verification documents are required for the dependent with disabilities.

Select 'Proceed to elect coverage'. Select

Upload eligibility documents and indicate applicable dependents:

Select files... Drop files here to upload

How to read your earnings statement (payslip).pdf  
206.63 KB

Allowed file types: pdf, jpg, jpeg, png  
Maximum file size: 10mb

Associate documents

How to read your earnings statement (payslip).pdf

Document type  
Birth certificate (or hospita)

Verification applicable to:  
☒ Sally Mouse - Pending \* ☒ Birth or adoption

Clear Upload / confirm changes

15. If the employee has the option to change plans, select the medical plan. Select 'Next'.

*Note: This option will not display if the SOE does not allow a plan change.*

Current Medical plan - coverage effective date June 1, 2023

**UMP Classic**

Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Classic. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the plan to check.

Available Medical plans:

Selection	Medical plan	Premium
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington CDHP	0
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Classic	0
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Value	0
<input type="checkbox"/>	UMP CDHP	0
<input checked="" type="checkbox"/>	UMP Classic	0
<input type="checkbox"/>	UMP Select	0

You must contact your benefits office for premium information

Helpful links:  
[Compare medical plans](#)  
[Medical plans by county](#)  
Ensure your provider is available in the selected plan: [Find a provider](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

☐ Waive medical coverage. Waiving coverage means you and your dependents will not have medical coverage. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.

Next

16. If the employee has the option to change plans, select the dental plan. Select 'Next'.

*Note: This option will not display if the SOE does not allow a plan change.*

Current Dental plan - coverage effective date June 1, 2023

**DeltaCare (Group #3100), administered by Delta Dental of Washington**

Select a 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 enrolled in Uniform Dental Plan (Group #3000).

Available Dental plans:

Selection	Dental plan	Premium
<input checked="" type="checkbox"/>	DeltaCare (Group #3100), administered by Delta Dental of Washington	0
<input type="checkbox"/>	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington	0
<input type="checkbox"/>	Willamette Dental of Washington, Inc. (Group WA82)	0

You must contact your benefits office for premium information

Helpful links:  
[Compare dental plans](#)  
Ensure your provider is available in the selected plan: [Find a provider](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

DeltaCare is a managed-care plan. You must select a primary care dentist in the DeltaCare network. Before you enroll, call DeltaCare at 1-800-650-1583 to make sure the provider you want to use accepts this plan and plan group.

[Previous](#) [Next](#)

17. Confirm the elections. Select 'Confirm and let's complete tobacco attestation'.

**Confirm selections**

Medical Selection Message

When using the provider search tools, make sure you have the correct plan and/or network name selected to check provider status. It is recommended to call **the plan**, not your provider, to ask about provider network status.

Dental Selection Message

You have selected DeltaCare, which is a managed-care plan. You must select a primary care dentist in DeltaCare's network. Please make sure your dentist is in DeltaCare's network by calling DeltaCare at 1-800-650-1583. If you use a dentist not in-network, your claims will not be paid. If you select this plan in error and do not make a plan change by the end of your enrollment period, you will not be eligible to change your plan until the next annual open enrollment period or as allowed due to a special open enrollment event.

Please review the information below

If correct, select Confirm. To make a change, select previous.

- You have not made changes to your medical plan.
- You have not made changes to your dental plan.

Subscriber:	Coverage effective date:	Medical Plan:	Dental Plan:
Mouse, Mickey DOB - 08/25/1999	06/01/2023	UMP Classic	DeltaCare (Group #3100), administered by Delta Dental of Washington
Mouse, Sally DOB - 08/25/2019	06/01/2023	UMP Classic	DeltaCare (Group #3100), administered by Delta Dental of Washington

[Previous](#) [Confirm and let's complete tobacco attestation](#)

18. Select 'Next'.

### Tobacco use premium surcharge

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.


If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in the [PEBB Program Administrative Policy 91-1](#).

Note: Enrolled dependents ages 12 and younger are automatically defaulted to No. You do not need to attest when they turn age 13 unless they use, or begin using, tobacco products.

[Additional information on surcharges](#)

Next

19. If the employee has updated their tobacco attestation, select 'Yes' or 'No' based on the employee's response. Select 'Next'.



Step 4 - Attestations

### Tobacco use premium surcharge

Does the tobacco use premium surcharge apply to you?

☐ 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 in the past two months or am enrolled in my [PEBB medical plan's tobacco cessation program](#) (if age 18 or older).

Previous Next

20. Review the Legal notice. Select 'Next'.

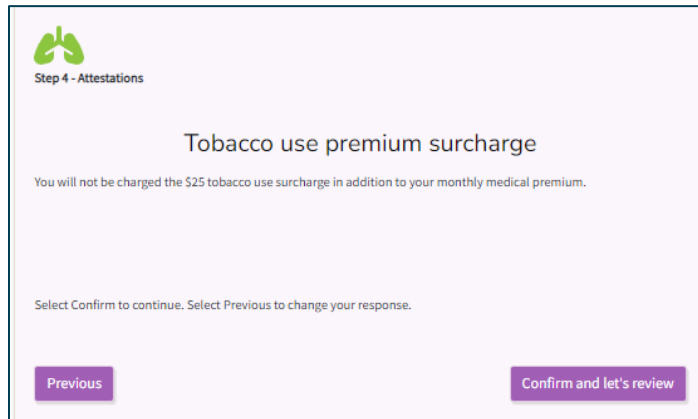
### Legal notice


By selecting the Next button below:

- 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 PEBB Program.
- I declare that one (or more) of the attestation events requires an attestation change to the premium surcharges, and that I am reporting it within the PEBB Program's deadlines.
- I am replacing all PEBB Premium Surcharge Attestation Change forms, enrollment form attestations, and electronic attestations previously submitted.
- I understand that 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.
- I understand that changes that result in removing the 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.

Previous Next

21. Select 'Confirm and let's review'.



 **Step 4 - Attestations**

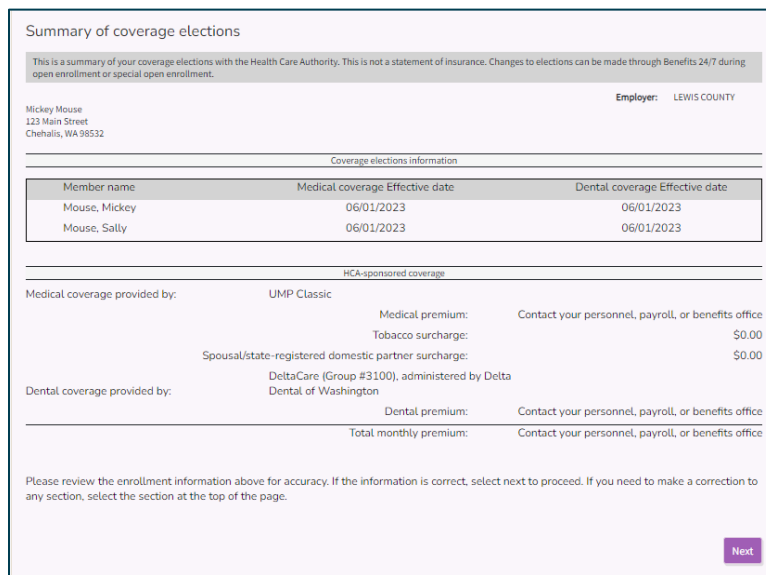
### Tobacco use premium surcharge

You will not be charged the \$25 tobacco use surcharge in addition to your monthly medical premium.

Select Confirm to continue. Select Previous to change your response.

[Previous](#) [Confirm and let's review](#)

22. Review the Summary of coverage elections. Select 'Next' to review page 2.



### Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Member: Mickey Mouse  
123 Main Street  
Chehalis, WA 98532

Employer: LEWIS COUNTY

Coverage elections information		
Member name	Medical coverage Effective date	Dental coverage Effective date
Mouse, Mickey	06/01/2023	06/01/2023
Mouse, Sally	06/01/2023	06/01/2023

HCA-sponsored coverage

Medical coverage provided by: UMP Classic

Medical premium: Contact your personnel, payroll, or benefits office

Tobacco surcharge: \$0.00

Spousal/state-registered domestic partner surcharge: \$0.00

Dental coverage provided by: DeltaCare (Group #3100), administered by Delta Dental of Washington

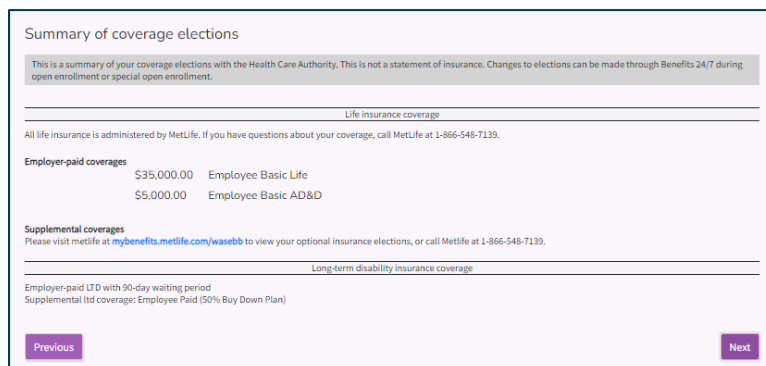
Dental premium: Contact your personnel, payroll, or benefits office

Total monthly premium: Contact your personnel, payroll, or benefits office

Please review the enrollment information above for accuracy. If the information is correct, select next to proceed. If you need to make a correction to any section, select the section at the top of the page.

[Next](#)

Select 'Next'.



### Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

All life insurance is administered by MetLife. If you have questions about your coverage, call MetLife at 1-866-548-7139.

Employer-paid coverages

\$35,000.00	Employee Basic Life
\$5,000.00	Employee Basic AD&D

Supplemental coverages

Please visit metlife at [mybenefits.metlife.com/wasebb](https://mybenefits.metlife.com/wasebb) to view your optional insurance elections, or call Metlife at 1-866-548-7139.

Long-term disability insurance coverage

Employer-paid LTD with 90-day waiting period

Supplemental ltd coverage: Employee Paid (50% Buy Down Plan)

[Previous](#) [Next](#)

## 23. Review the Legal notice. ‘Select ‘Confirm’.

### Legal notice

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 dependent's eligibility. I understand that if I am 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.

Employees will be automatically enrolled in employee-paid LTD insurance. Employees who choose to waive PEBB medical coverage (when they become newly eligible, during annual open enrollment, or due to a special open enrollment event) 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 PEBB 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 PEBB benefits but do not waive or enroll in PEBB 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.

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 consumer-directed 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 my adherence to 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. Any changes made on Benefits 24/7 or PEBB enrollment or change forms submitted and dated later than this online enrollment will replace this online enrollment.

[Previous](#)[Confirm](#)

## 24. There are two options to choose from prior to submitting the request.

- Select ‘Download elections’ to provide a summary to the employee
- Sign the employee up for email delivery of the newsletters and general updates. Enter the employees email address, select the ‘Sign-up’ checkbox.

Select ‘Submit Request’ to send the SOE request to the SOE tile on the Admin dashboard for approval or denial.



Step 6 - Confirmation

You're all done! Please click below to submit your special open enrollment request for review. Once submitted, you cannot edit this request and must remove it to make corrections.

[Submit Request](#)[Download elections](#)

Email address\*

☐ Sign up for email delivery. You'll receive the For Your Benefit newsletter and other general updates in your inbox.

[Previous](#)

25. The SOE shows in 'Pending' status with a reason of 'Waiting for review'.

Account changes

This page also allows you to report other changes and information. For example, you can report a death of a dependent, a divorce, or a change of address at any time. You can only select a new medical plan if your current medical plan is no longer available after you change your address.

Select the check-box to the left to manage the event and/or view requests

Event	Event Date	Status	Review Deadline	Verification Reason	Manage	Forms
<input checked="" type="checkbox"/> Birth or adoption	6/2/2023	Pending	8/1/2023	Waiting for review	<a href="#">Edit</a> <a href="#">Cancel</a>	<a href="#">Elections PDF</a>

1 - 1 of 1 items

## Update a Special Open Enrollment

Employees may make changes to their account as many times as they like within 60 days of the special open enrollment.

- The employee can continue to access the Special Open Enrollment (SOE) event within 60 days of the event date if the event is in draft and has not been submitted for approval.
- If the event has been submitted for approval, but has not been approved by the benefits administrator, the employee can delete the request and resubmit only if they are within 60 days of the date of the event. Or the benefits administrator can cancel the event if it has not been approved or denied. *Note: This could change the effective date of the enrollment, based on the date submitted.*
- If the employee wishes to make changes after the 60 days of eligibility, the employee may make changes only if they have another life event that creates a special open enrollment or during annual open enrollment. *Exception: Employees may attest to or update the tobacco surcharge and reduce or decline employee-paid LTD at any time.*
- If the employee submits a form requesting a change within 60 days of the date of the event or an error was made when a benefits administrator entered the original request, the benefits administrator can correct the SOE event within lower limit only if the event has not been approved.

1. From the Admin Dashboard, select the 'Special Enrollment Event Verification' tile.

Special Enrollment Event Verification

You have 2 special enrollment event request(s)

2. Select the checkbox next to the name of the employee.

Verify special open enrollment requests

☒ Show only pending requests

Subscriber	Event	Status	Effective Date	Event Date	Submit Date	Expiration Date	Verify Date	Has Documents
<input checked="" type="checkbox"/> Samuelis, Jennifer	Your dependent has a change in their employment status	Draft	7/1/2023	7/1/2023	6/22/2023	8/30/2023		No

1 - 1 of 1 items

3. Select 'Click here to edit response'.

This screenshot shows the 'Requested changes' section for a subscriber named Mickey Mouse. It lists changes for a dependent, Sally Mouse, including adding her to dental and medical coverage and uploading documents. At the bottom, there are radio buttons for 'Verify', 'Deny', and 'Pending' (which is selected). A 'Submit changes' button and a 'Cancel' link are also present.

Subscriber: Mickey Mouse  
SSN: 654858523  
DOB: 08/25/1999

Verification documents  
Type: Birth certificate (or hospital certificate with child's fingerprints)  
On: 06/23/2023  
Type: Birth certificate (or hospital certificate with child's fingerprints)  
On: 06/23/2023

Requested changes [Click here to edit request](#)

Sally Mouse (dependent)

- Added dependent
- Added dependent to dental coverage effective 06/01/2023
- Added dependent to medical coverage effective 06/01/2023
- Uploaded document(s)

☐ Verify ☐ Deny ☒ Pending

[Submit changes](#) [Cancel](#)

4. Follow the wizard all the way through to make requested changes/corrections. Select 'Submit Request'.

This screenshot shows the 'Step 6 - Confirmation' screen. It instructs the user to submit their SOE request for verification, noting that the request cannot be edited after submission. It includes a 'Submit Request' button, a 'Download elections' button, an email address input field, and a checkbox for email delivery. A 'Previous' button is at the bottom left.

✓  
Step 6 - Confirmation

You're all done! Please click below to submit your SOE request for verification. Once submitted, you cannot edit this request and must remove it to make corrections.

[Submit Request](#)

[Download elections](#)

Email address\*

☐ Sign up for email delivery. You'll receive the For Your Benefit newsletter and other general updates in your inbox.


[Previous](#)

5. Verify the SOE if valid proof of the event and valid dependent verification, if required, has been submitted.

## Approve or deny an SOE event

1. From the Admin dashboard, select the 'Special Open Enrollment Verification' tile.

This screenshot shows a tile for 'Special Enrollment Event Verification'. It features a green icon of two people and a checkmark. Below the icon, it says 'Special Enrollment Event Verification' and 'You have 1 special enrollment event request(s)'.

  
Special Enrollment Event Verification  
You have 1 special enrollment event request(s)



2. Select the checkbox next to the employee's SOE event.

Verify special open enrollment requests

☒ Show only pending requests

Subscriber	Event	Status	Effective Date	Event Date	Submit Date	Expiration Date	Verify Date	Has Documents
<input type="checkbox"/> Samuels, Jennifer	Your dependent has a change in their employment status	Draft	7/1/2023	7/1/2023	6/22/2023	8/30/2023		No

1 - 1 of 1 items

3. The event opens. Review the proof of the event. Verify it shows proof of what the employee is requesting to change. Valid proof is included in Policy 45-2, [Addendum 45-2A](#)

Subscriber: Samuels, Jennifer  
SSN: 852369856  
DOB: 03/28/1965

Verification documents  
Type: Marriage Certificate and Evidence that the marriage is still valid  
On: 06/21/2023

Requested changes

This subscriber has not submitted their SOE event. Please work with the subscriber to complete and submit their SOE request.

Penny Samuels (dependent)

- Added dependent
- Added dependent to dental coverage effective 07/01/2023
- Added dependent to medical coverage effective 07/01/2023
- Added dependent to vision coverage effective 07/01/2023

☐ Verify ☐ Deny ☒ Pending

Submit changes Cancel

- If the proof is valid, select 'Valid'. Select 'Verify' from the drop-down. Select the Document Type from the drop-down.

☒ Verify ☐ Deny ☐ Pending

Verification status\*  
Verified

Verify date\*  
05/30/2023

Document type\*  
Certificate of Creditable Coverage

Submit changes Cancel

- If the proof is not valid or has not been submitted, select 'Deny'. Select 'Denied' from the Verification status drop-down. Select the document type needed from the drop-down.

☐ Verify ☒ Deny ☐ Pending

Verification status\*  
Denied

Denied date\*  
05/30/2023

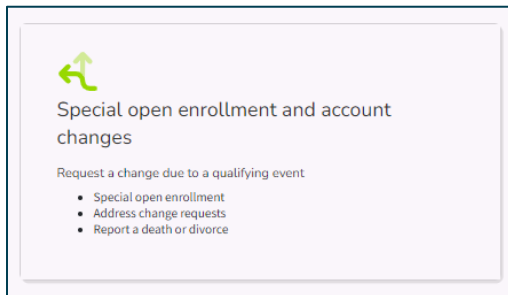
Document type\*  
Certificate of Creditable Coverage

Submit changes Cancel

4. Select 'Submit changes'.
5. If dependents were added to the account, select the 'Dependent Verification' tile.
6. Verify the dependent if valid dependent verification documents have been submitted. See [Dependent verification](#) for steps to verify a dependent. The dependent(s) will not be enrolled until verified.

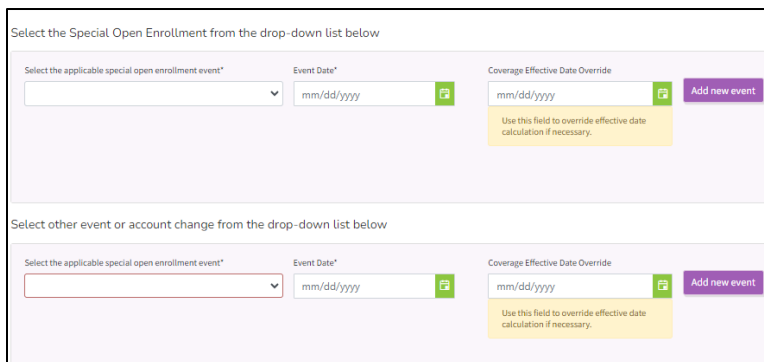
## Reporting a divorce or death

1. From the employee's dashboard, select the 'Special Open Enrollment' tile.



The tile is titled "Special open enrollment and account changes" and features a green circular arrow icon. Below the title, it says "Request a change due to a qualifying event" and lists three bullet points: "Special open enrollment", "Address change requests", and "Report a death or divorce".

2. Based on the employee's situation, select 'Death' or 'Divorce' from the drop-down menu. Select 'Add new event'.



The form is titled "Select the Special Open Enrollment from the drop-down list below". It contains two identical sections. Each section has a dropdown menu for "Select the applicable special open enrollment event\*", a date field for "Event Date\*" with a calendar icon, and a date field for "Coverage Effective Date Override" with a calendar icon and a note: "Use this field to override effective date calculation if necessary." There is an "Add new event" button at the end of each section.

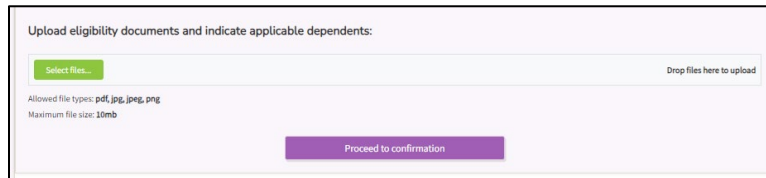
3. Select the checkbox for either 'Death' or 'Divorce'. Select 'Upload documents'.



The form is titled "Dependent review" and includes the instruction: "Use this section to report a divorce or the death of a dependent." It contains a "Dependent Information:" section with the following details: "Caruthers, Maximillio", "DOB: 05/20/1990", "Spouse/state-registered domestic partner", "Medical: Dental: Enrolled", "Tobacco use: No", and "Spousal surcharge: No". Below this, it says "Select the event you are reporting for this dependent:" with checkboxes for "Death" and "Divorce". A "Provide proof:" section follows, with the instruction: "You will need to provide proof of a death or divorce:" and a list of required documents: "Petition for Dissolution of marriage (divorce); or", "Petition for Dissolution of state registered domestic partnership; or", and "Copy of a death certificate." At the bottom, there are "Cancel" and "Upload documents" buttons.

4. Select 'Select files'. Upload valid proof of the event. Select 'Proceed to confirmation'.

*Note: It is not necessary to upload proof of the event if the employee submitted paper copies.*



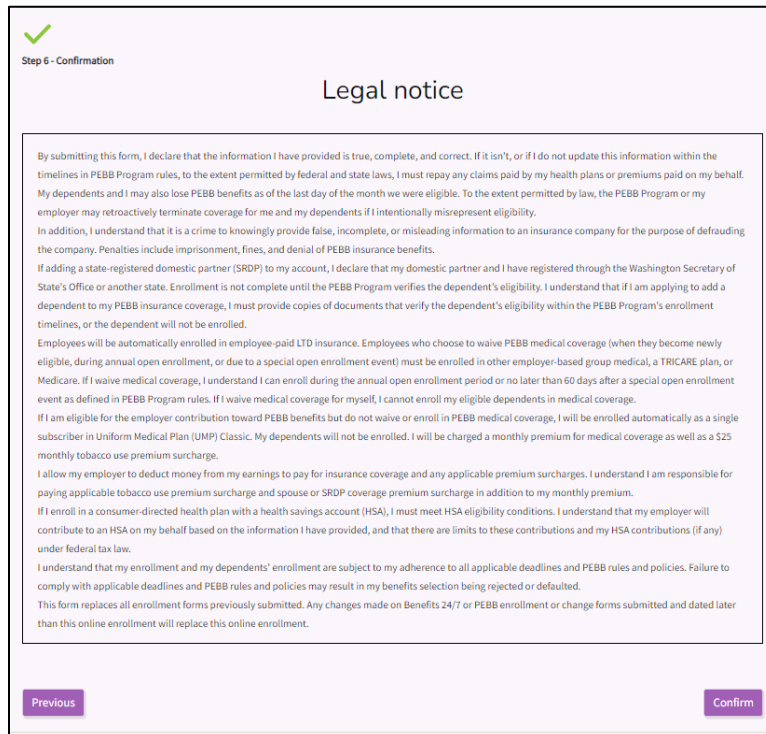
Upload eligibility documents and indicate applicable dependents:

Select files... Drop files here to upload

Allowed file types: pdf, jpg, jpeg, png  
Maximum file size: 10mb

Proceed to confirmation

5. Review the Legal notice. Select 'Confirm'.



✓  
Step 6 - Confirmation

### Legal notice

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 dependent's eligibility. I understand that if I am 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.

Employees will be automatically enrolled in employee-paid LTD insurance. Employees who choose to waive PEBB medical coverage (when they become newly eligible, during annual open enrollment, or due to a special open enrollment event) 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 PEBB 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 PEBB benefits but do not waive or enroll in PEBB 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.

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.

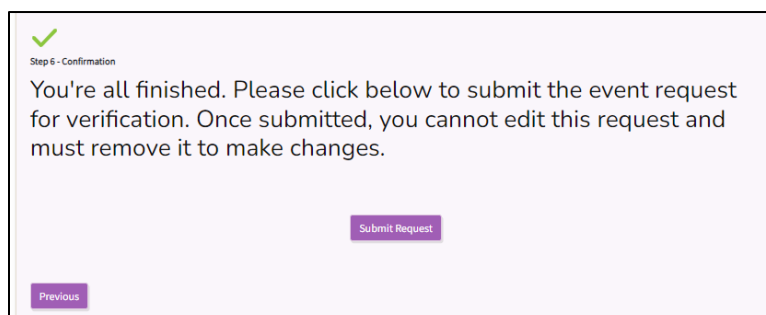
If I enroll in a consumer-directed health plan with a health savings account (HSA), I must meet HSA eligibility conditions. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and that there are limits to these contributions and my HSA contributions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

I understand that my enrollment and my dependents' enrollment are subject to my adherence to 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. Any changes made on Benefits 24/7 or PEBB enrollment or change forms submitted and dated later than this online enrollment will replace this online enrollment.

Previous Confirm

6. Select the 'Yes' or 'No' as to whether the notification of the death or divorce is within 60 days of the event. Select 'Submit Request'.



✓  
Step 6 - Confirmation

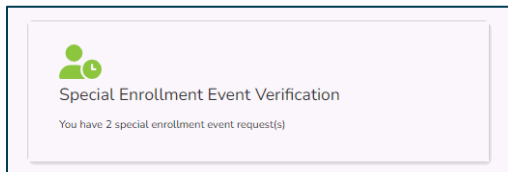
You're all finished. Please click below to submit the event request for verification. Once submitted, you cannot edit this request and must remove it to make changes.

Submit Request

Previous

## Approve or deny a death or divorce

1. From the Admin dashboard select the 'Special Open Enrollment' tile.



2. Select the checkbox next to the employee's name.

Verify special open enrollment requests

☒ Show only pending requests

Subscriber	Event	Status	Effective Date	Event Date	Submit Date	Expiration Date	Verify Date	Has Documents
<input type="checkbox"/> Samuelis, Jennifer	Your dependent has a change in their employment status	Pending	7/1/2023	7/1/2023	6/22/2023	8/30/2023		No
<input checked="" type="checkbox"/> Montgomery, Jake	Death or Divorce	Pending	7/1/2023	6/15/2023	6/23/2023	8/14/2023		No

1 - 2 of 2 items

3. Review the proof of the event. A copy of the death certificate to report a death or a copy of the petition for dissolution or final divorce papers to report a divorce.

*Note: Separation is not a valid reason to remove a spouse.*

Requested changes [Click here to edit request](#)

alexandrea Montgomery (dependent)

- Removed coverage from dependent.
- Removed dependent from dental coverage effective 06/30/2023
- Removed dependent from medical coverage effective 06/30/2023
- Removed dependent from vision coverage effective 06/30/2023

☐ Verify ☐ Deny ☒ Pending

[Submit changes](#) [Cancel](#)

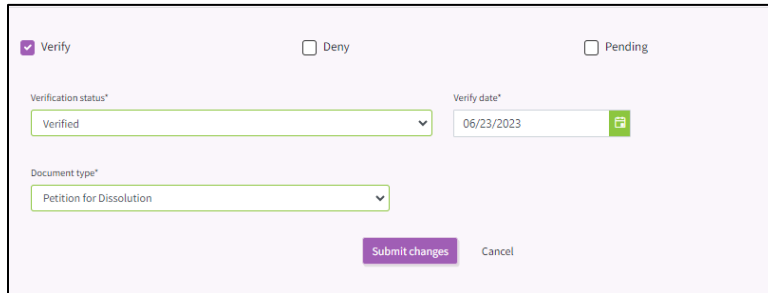
#### 4. Verify or deny the event,

- If valid proof was submitted select the 'Verify' checkbox. Select 'Verified' from the drop-down. Select the document type from the drop-down. The verification date will be prefilled with today's date.

Select 'Yes' if the request was submitted within 60 days of the event.

Select 'No' if the request was submitted after 60 days of the event.

Select 'Submit changes'.

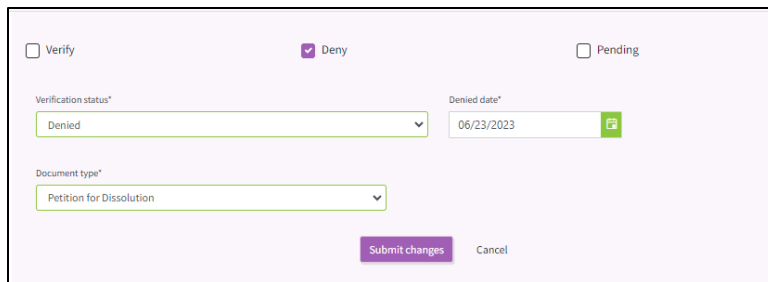


The screenshot shows a form titled 'Verify or deny the event'. At the top, there are three radio buttons: 'Verify' (selected), 'Deny', and 'Pending'. Below the radio buttons, there are two rows of input fields. The first row has a 'Verification status\*' dropdown menu with 'Verified' selected and a 'Verify date\*' text field with '06/23/2023' and a calendar icon. The second row has a 'Document type\*' dropdown menu with 'Petition for Dissolution' selected. At the bottom right, there are two buttons: 'Submit changes' (highlighted in purple) and 'Cancel'.

- If the proof is not valid or was not submitted select 'Deny'. Select the verification status from the drop-down. Select the document type that was needed to approve from the drop-down.

Notify the employee, in writing, the event was denied and why. Include appeal rights.

Select 'Submit changes'.



The screenshot shows the same form as above, but with 'Deny' selected. The 'Verify' radio button is now unselected, and the 'Deny' radio button is selected. The 'Verification status\*' dropdown menu now has 'Denied' selected. The 'Verify date\*' text field is now labeled 'Denied date\*' and contains '06/23/2023' with a calendar icon. The 'Document type\*' dropdown menu remains 'Petition for Dissolution'. The 'Submit changes' button is still highlighted in purple.

## Print a Statement of Insurance

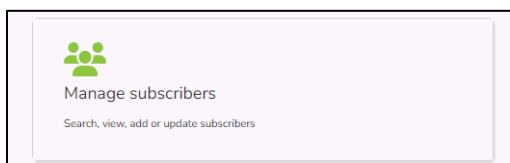
The Statement of Insurance shows the employee's current enrollment and elections, including dependents enrolled on the account. The Statement of Insurance does not show changes to the account that have not become effective.

*Note: The HCA auditors will conduct auditing review of dependent verification completed by the third-party vendor and the SEBB organizations. Approvals or denials may change based on their determination.*



Employees can log into Benefits 24/7 and print the Statement of Insurance at any time.

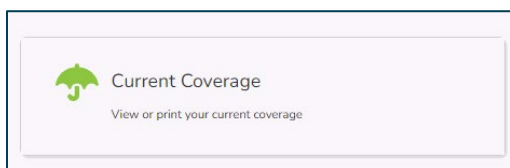
1. From the Admin dashboard select the 'Manage subscribers' tile.



2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN Select 'Search'.

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

4. From the employee's dashboard, select the 'Current Coverage' tile.



5. Select 'Statement of Insurance'. The statement will download.

Subscriber's Current Coverage

This page displays coverage effective as of today.

Use this page to perform the following actions:

- Review current account information and coverage selections
- View/print Statement of Insurance
- Subscribe or unsubscribe from email notifications

Select the *Statement of Insurance* button to get a PDF statement showing all insurance coverages, except supplemental life and accidental death and dismemberment insurance, as of today. Go to the [MetLife MyBenefits portal](#) to view supplemental life and accidental death and dismemberment insurance.

[Statement of Insurance](#)

6. Open the document. Select 'Save' on the PDF viewer.

**STATEMENT OF INSURANCE**

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR RECORDS, PLEASE CONTACT YOUR EMPLOYER'S PERSONNEL, PAYROLL, OR BENEFITS OFFICE (IF YOU ARE AN EMPLOYEE) OR PEBB BENEFITS SERVICES AT 1-800-200-1004 (IF YOU ARE A RETIREE, COBRA, OR LEAVE WITHOUT PAY SUBSCRIBER).

Print date: 06/27/2023

**Employer:** CHEHALIS SCHOOL DISTRICT 302

Jake Montgomery  
123 Main Street  
Centralia, WA 98532

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**Coverage elections information**

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Member name	Medical coverage Effective date	Dental coverage Effective date	Vision coverage Effective date
Montgomery, Jake	06/01/2023	06/01/2023	06/01/2023
Montgomery, alexandrea	06/01/2023	06/01/2023	06/01/2023

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**HCA-sponsored coverage**

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Medical coverage provided by:	Premiera Standard PPO	Medical premium:	\$98.00
		Tobacco surcharge:	\$0.00
		Spousal/state-registered domestic partner surcharge:	\$0.00
Dental coverage provided by:	Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington	Dental premium:	\$0.00
Vision coverage provided by:	MetLife Vision, underwritten by Metropolitan Life Insurance Company (MetLife)	Vision premium:	\$0.00
		Total monthly premium:	\$98.00

**STATEMENT OF INSURANCE**

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR RECORDS, PLEASE CONTACT YOUR EMPLOYER'S PERSONNEL, PAYROLL, OR BENEFITS OFFICE (IF YOU ARE AN EMPLOYEE) OR PEBB BENEFITS SERVICES AT 1-800-200-1004 (IF YOU ARE A RETIREE, COBRA, OR LEAVE WITHOUT PAY SUBSCRIBER).

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**Life insurance coverage**

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All life insurance is administered by MetLife. If you have questions about your coverage, call MetLife : 866-548-7139.

**Employer-paid coverages**

\$35,000.00	Employee Basic Life
\$5,000.00	Employee Basic AD&D

**Supplemental coverages**  
Please visit metlife at [mybenefits.metlife.com/waseb110](#) to view your optional insurance elections, or call Metlife at 1-866-548-7139.

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**Long-term disability insurance coverage**

---

Employer-paid LTD with 90-day waiting period

*Note: Changes made to an account will be included in the Statement of Insurance once they are effective.*

7. Print or save the document for the employee.

## Transfer an employee

Employees transferring between SEBB organizations within the same month or the consecutive month will have uninterrupted coverage if the employee is eligible for SEBB benefits in the position they are leaving and are anticipated to be eligible in the new position.

When an employee transfers from one SEBB employer to another their elections remain the same. They cannot make plan changes unless the plan they are enrolled in is not available based on where they live or work. They cannot add or remove dependents.

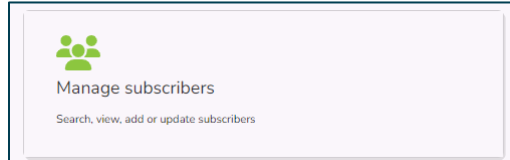


Employees cannot be transferred between the SEBB Program and the PEBB Program.

Do not use the transfer option if you are not sure the employee is transferring. Terminate the account instead. The gaining agency will claim the account and if it is a transfer, the system will continue the employees current elections.

## Losing organization

1. From the Admin dashboard, select the 'Manage subscriber' tile.



2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.



4. Select the employee's 'Eligibility' tab.

Manage eligibility information

Last name\* First name\* Middle name SSN\*

Samuels Jennifer 852-36-9856

Suffix Birth date\* Sex assigned at birth\* Gender identity\*

JR, SR 03/28/1965 Female Female

Eligibility reason\* Date of Eligibility\*

Newly Eligible Member 06/30/2023

Employee monthly gross salary Hire date\* Wellness participant:

06/30/2023 No

Is this employee represented\*\* Effective start date\* Is this employee locally eligible\*\*

Yes 06/21/2023 Yes\* No\*

☐ Eligible for PEBB Benefits

Terminate/Transfer subscriber:

Termination/Transfer Reason

5. Scroll down to the Terminate/Transfer subscriber section. Select 'Transfer' from the drop-down menu. Enter the date of the last day of work with your organization.

If you are not sure if this is a transfer, select 'Employment ending/ineligible position'. Enter the date of the last day of work with your organization.

Terminate/Transfer subscriber:

Termination/Transfer Reason Transfer Date \*

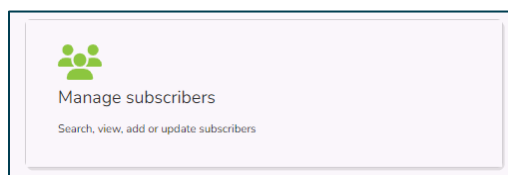
Transfer mm/dd/yyyy

6. Select 'Submit changes'.

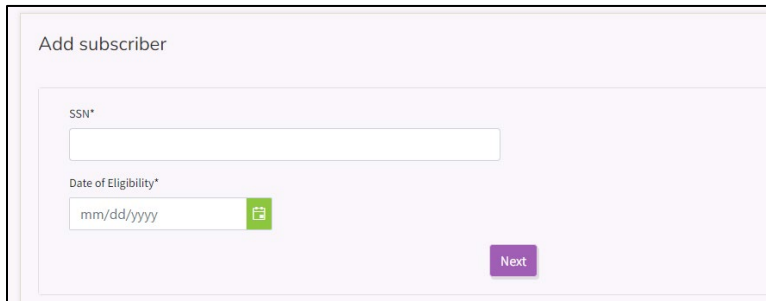
## Gaining organization

*Note: The employee is considered a transfer if their first day of work with the gaining agency is the first day of the month or the first working day of the month following the termination of benefits.*

1. From the Admin dashboard select the 'Manage Subscribers' tile.

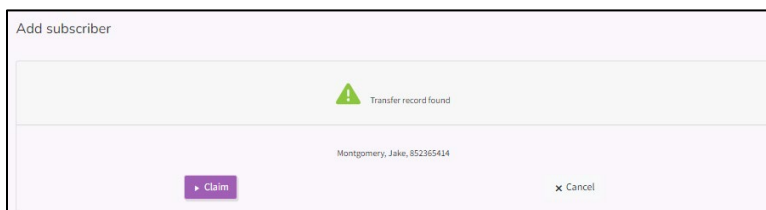


2. Select 'Add new subscriber'. Enter the employee's SSN or ITIN. Enter the date of eligibility. Select 'Next'.



The screenshot shows a web form titled "Add subscriber". It has two input fields: "SSN\*" and "Date of Eligibility\*", both with asterisks indicating they are required. The "Date of Eligibility\*" field includes a calendar icon. A green "Next" button is located at the bottom right of the form.

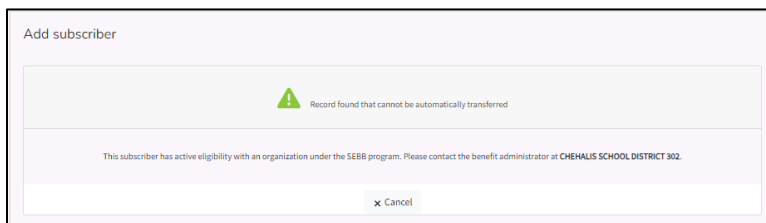
3. If the record has been transferred or terminated by the losing agency, claim the record.



The screenshot shows the "Add subscriber" form with a message: "Transfer record found" accompanied by a green warning icon. Below the message, the text "Montgomery, Jake, 852365414" is displayed. At the bottom, there are two buttons: a green "Claim" button and a grey "Cancel" button.

If the record has not been transferred or terminated, contact the losing agency to coordinate the transfer. Run the 'Statewide Benefits Administrator Contact List' report from the Reports tile in Benefits 24/7 to coordinate the transfer.

**DO NOT** enroll the employee under an incorrect SSN or ITIN. This will create a second record, cause a dual enrollment issue, billing issues, and require corrections to the account.



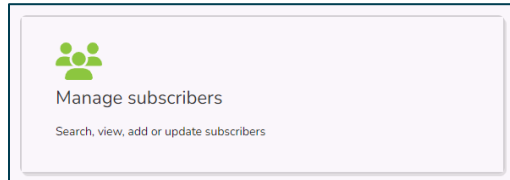
The screenshot shows the "Add subscriber" form with a message: "Record found that cannot be automatically transferred" accompanied by a green warning icon. Below the message, the text "This subscriber has active eligibility with an organization under the SEBB program. Please contact the benefit administrator at CHEMULIS SCHOOL DISTRICT 302." is displayed. At the bottom, there is a grey "Cancel" button.

4. Verify the information is correct on the 'Eligibility' tab. Correct information as needed.
5. Enter the hire date.
6. Select 'Submit'. Employees maintain their current elections. The employee may only make a plan change if their current plan is not available where they live or work. The employee may not add or remove dependents.

# Terminate an employee

*Note: Do not transfer an employee if you are not sure the employee is transferring. If in doubt, terminate the account instead. If it is a transfer the elections will remain the same.*

1. From the Admin dashboard select 'Manage subscribers'.



2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

A screenshot of a search interface. At the top, it says 'Search by: First Name, Last Name, Last 4 SSN, Full SSN' with a 'Search' button and an 'Add new subscriber' link. Below is a table with headers: First name, Middle name, Last name, SSN, Birth date, Member type, and Employer name. The table is empty, showing 'No records available.' and '0 - 0 of 0 items'.

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

A screenshot of the search results. The search bar contains 'samuel'. The table has one row with a checkbox, First name 'Jennifer', Middle name 'Samuels', Last name 'Samuels', SSN 'XXX-XX-9856', Birth date '03/28/1965', Member type 'Subscriber', and Employer name 'CHEHAUS SCHOOL DISTRICT 302'. The bottom shows '1 - 1 of 1 items'.

4. Select the employee's 'Eligibility' tab.

A screenshot of the 'Manage eligibility information' form. It contains fields for Last name (Samuels), First name (Jennifer), Middle name, and SSN (852-36-9856). There are dropdowns for Suffix (JR, SR), Birth date (03/28/1965), Sex assigned at birth (Female), and Gender identity (Female). It also has fields for Eligibility reason (Newly Eligible Member), Date of Eligibility (06/21/2023), Employee monthly gross salary, Hire date (06/21/2024), and Wellness participant (No). At the bottom, there are checkboxes for 'Is this employee represented?' (Yes), 'Effective start date' (06/21/2023), and 'Is this employee locally eligible?' (Yes/No). There is also a checkbox for 'Eligible for PEBB Benefits' and a section for 'Terminate/Transfer subscriber' with a dropdown for 'Termination/Transfer Reason'.

- Go to the 'Termination/Transfer subscriber' section. Select the reason for termination from the drop-down menu. Enter the date of the last day of work.

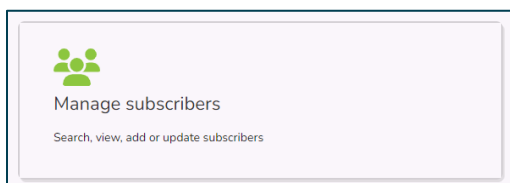
- Select 'Submit changes'.

## Update employer-paid LTD

Employees may reduce or decline their employee-paid LTD at any time. Reenrollment or increasing LTD requires the employee to submit an Evidence of Insurability form to Standard for approval.

Update the employee-paid LTD on the employee's Supplemental coverage tile.

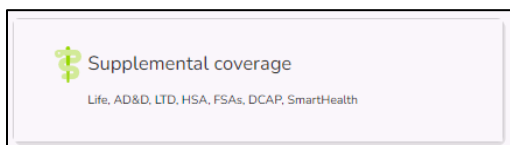
- From the Admin dashboard select the 'Manage Subscribers' tile.



- Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

- Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

- Select the 'Supplemental coverage' tile.



5. Select 'Employee Paid (50% Buy Down Plan' or the 'Decline employee-paid LTD' option based on the form submitted.

Employee-paid long-term disability (LTD) insurance

The SEBB Program offers employer-paid and employee-paid LTD insurance.

LTD insurance protects a portion of your salary if you are unable to work due to serious injury or illness. When you enroll in LTD coverage, it pays you a percentage of your monthly predisability earnings if you become disabled.

To learn more about LTD benefits, visit the [Long-term disability webpage](#).

Employer-paid LTD insurance

You are automatically enrolled in employer-paid LTD insurance, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health).

- Benefit: 60 percent of the first \$667 of your predisability earnings.
- Minimum: \$100 or 10 percent of the LTD benefit before deductible income (whichever is greater)
- Maximum: \$400 per month

Employer-paid LTD is included in your benefits at no cost to you.

Employee-paid LTD

You are automatically enrolled in a plan that covers up to 60 percent of the first \$16,667 of your monthly predisability earnings. You do not need evidence of insurability. The minimum benefit is \$100. The maximum benefit is \$10,000 per month for the 60-percent coverage and \$6,333 per month for the 50-percent coverage.

At any time, you can reduce to a lower-cost 50-percent coverage level or decline the employee-paid coverage.

If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

An increase in coverage takes effect the first day of the month following the date evidence of insurability is approved.

Employee-paid LTD cost

These rates are based on the employee's age on January 1, of the current year.

To use the monthly premium calculator, visit [The Standard's Calculator Tool](#). You can also [view employee-paid LTD premiums](#).

Select your LTD coverage

☒ Employee Paid (60% Default Plan)

☐ Employee Paid (50% Buy Down Plan)

☐ Decline employee-Paid LTD

☐ Temporary Waiver

[Submit Changes](#)

6. Select 'Submit changes'.

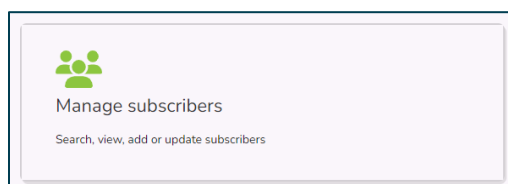
## Temporary LTD Premium Waiver

When an employee maintains eligibility while on approved leave, during the first 90 days of the approved leave, employee-paid LTD insurance is continued, but premiums are waived.

After 90 days, remove the waiver and start collecting the employee-paid LTD premiums.

Run the 'LTD 90 Day Waiver' report each month and update the account when the 90 day waiver expires.

1. From the Admin dashboard select the 'Manage Subscribers' tile.



2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

Search by: First Name, Last Name, Last 4 SSN, Full SSN [Search](#) [Add new subscriber](#)

First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
No records available.						

0 - 0 of 0 items

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input checked="" type="checkbox"/>	Bernie		Collins	XXX-XX-9852	08/31/1967	Subscriber	LEWIS COUNTY

1 - 1 of 1 items

4. Select the 'Supplemental coverage' tile.

**Supplemental coverage**  
Life, AD&D, LTD, HSA, FSAs, DCAP, SmartHealth

5. Select 'Temporary Waiver'.

**Employee-paid long-term disability (LTD) insurance**

The SEBB Program offers employer-paid and employee-paid LTD insurance.

LTD insurance protects a portion of your salary if you are unable to work due to serious injury or illness. When you enroll in LTD coverage, it pays you a percentage of your monthly predisability earnings if you become disabled.

To learn more about LTD benefits, visit the [Long-term disability webpage](#).

**Employer-paid LTD Insurance**

You are automatically enrolled in employer-paid LTD insurance, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health).

- Benefit: 60 percent of the first \$667 of your predisability earnings.
- Minimum: \$100 or 10 percent of the LTD benefit before deductible income (whichever is greater)
- Maximum: \$400 per month

Employer-paid LTD is included in your benefits at no cost to you.

**Employee-paid LTD**

You are automatically enrolled in a plan that covers up to 60 percent of the first \$16,667 of your monthly predisability earnings. You do not need evidence of insurability. The minimum benefit is \$100. The maximum benefit is \$10,000 per month for the 60-percent coverage and \$8,333 per month for the 50-percent coverage.

At any time, you can reduce to a lower-cost 50-percent coverage level or decline the employee-paid coverage.

If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

An increase in coverage takes effect the first day of the month following the date evidence of insurability is approved.

**Employee-paid LTD cost**

These rates are based on the employee's age on January 1, of the current year.

To use the monthly premium calculator, visit [The Standard's Calculator Tool](#). You can also [view employee-paid LTD premiums](#).

**Select your LTD coverage**

☒ Employee Paid (60% Default Plan)

☐ Employee Paid (50% Buy Down Plan)

☐ Decline employee-Paid LTD

☐ Temporary Waiver

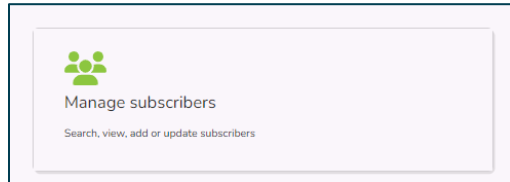
[Submit Changes](#)

6. Select 'Submit changes'.
7. Run the 'LTD 90 Day Waiver' report each month and update the account when the 90 days waiver expires. See the '[Update employer-paid LTD](#)' section of this manual.

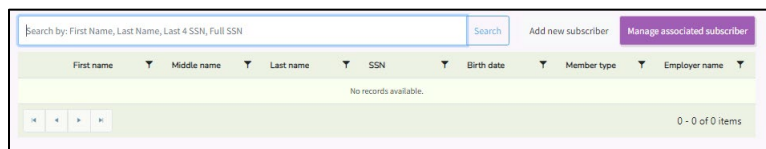
# Reinstatement

If an employee is terminated in error, follow the steps below to reinstate the employee with no break in coverage.

1. From the Admin dashboard select the 'Manage subscriber's' tile.



2. Select 'Add new subscriber'.



3. Enter the employee's SSN or ITIN. Enter the last day of the month the employee was terminated in error.

A screenshot of a web application form titled "Add subscriber". It contains two input fields: "SSN\*" and "Date of Eligibility\*", both with red borders. The "Date of Eligibility\*" field has a calendar icon to its right. A green "Next" button is located at the bottom right of the form.

4. A message displays indicating the employee can be claimed. Select 'Claim'.

A screenshot of a web application form titled "Add subscriber". It displays a green warning icon and the message "Record found that can be re-enrolled". Below this, the name "Samuels, Jennifer, SSN369856" is shown. At the bottom, there are two buttons: a green "Claim" button and a grey "Cancel" button.

5. Select the 'Newly eligible member' reason from the drop-down. Enter the hire date.

**Add subscriber**

Last name\*  First name\*  Middle name  SSN\*

Suffix  Birth date\*  Sex assigned at birth\*  Gender Identity\*

Gender X means a gender that is not exclusively male or female. This field 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).

Phone numbers are used by HCA and health plan carriers to contact subscribers to resolve issues and provide customer support.

Home phone number  Work phone number

Eligibility reason\*  Date of Eligibility\*  Coverage Effective Date

Is this employee represented?\*  Effective start date\*  Is this employee locally eligible?\* ☐ Yes ☒ No Employee monthly gross salary

Hire date\*

Address line 1\*

Address line 2

Unit #, Suite #

City\*  State/Province\*  County\*  Zip code\*

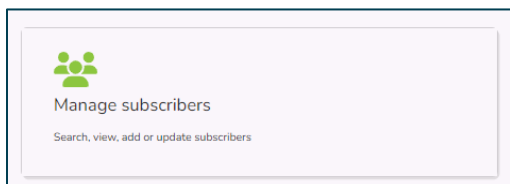
Country\*

6. Select 'Submit'. The employee's account is reinstated with no break in coverage.

## Update an account

### Update tobacco attestation

1. From the Admin dashboard select the 'Manage subscribers' tile.



2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

Collins

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Bernard		Collins	XXX-XX-8523	05/23/1959	Subscriber	LEWIS COUNTY
<input type="checkbox"/>	Bernie		Collins	XXX-XX-9852	08/31/1967	Subscriber	LEWIS COUNTY

1 - 2 of 2 items

3. Select the checkbox next to the employee. Select 'Manage associated subscriber'.

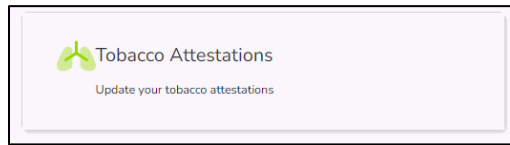
Collins

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input checked="" type="checkbox"/>	Bernard		Collins	XXX-XX-8523	05/23/1959	Subscriber	LEWIS COUNTY
<input type="checkbox"/>	Bernie		Collins	XXX-XX-9852	08/31/1967	Subscriber	LEWIS COUNTY

1 - 2 of 2 items



4. From the employee's dashboard, select the 'Tobacco Attestations' tile.



5. Go to the 'Select the member to update' section.

A form titled 'Select the member to update' with a light purple background. It contains two horizontal rows, each representing a family member. The first row shows a plus sign, the name 'Montgomery, Jake', and 'Tobacco use: No'. The second row shows a plus sign, the name 'Montgomery, alexandrea', and 'Tobacco use: No'. The second row is highlighted with a blue border. At the bottom right is a purple button labeled 'Back to dashboard'.

6. Select the + next to the employee or dependent to be updated. Change the attestation from 'Yes' to 'No' or from 'No' to 'Yes'. Enter the effective date of the change. Select 'Next'.

The same 'Select the member to update' form as in the previous screenshot, but with the update form for 'Montgomery, alexandrea' open. The form has a light purple background and contains a question: 'Does the tobacco use premium surcharge apply to this dependent?'. To the right of the question are two radio buttons; the top one is unselected, and the bottom one is selected. Below the radio buttons is a label 'Date of Change\*' followed by a text input field containing '06/23/2023' and a green calendar icon. At the bottom right is a purple button labeled 'Back to dashboard'.

7. Review the Legal Notice.

A page titled 'Legal notice' with a light purple background. It contains a list of bullet points: '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, the subscriber will owe surcharges to the PEBB Program.', 'I declare that one (or more) of the attestation event(s) said prior occurred that requires an attestation change to the premium surcharges, and that I am reporting it within the PEBB Program's deadlines.', 'I am replacing all PEBB Premium Surcharge Attestation Change Forms, enrollment form attestations, and electronic attestations previously submitted.', 'I understand that 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.', 'I understand that 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.', 'If the subscriber pays the monthly premiums by pension deduction or electronic debit service, I authorize the Department of Retirement Systems or Health Care Authority to deduct any premium surcharges owed from these accounts.' Below the list is a small text line: 'HCA's privacy notice: We will keep your information private as allowed by law. See Our [privacy notice](#).' Below this is a larger text block: 'Based on current attestations, the subscriber WILL pay the \$25 tobacco use surcharge each month in addition to subscriber's premium. Generally, changes which result in adding or removing a surcharge will take effective the month following the status change. Changes received on the first day of the month will be effective that month. Changes made during annual open enrollment will be effective January 1 of the following plan year.' At the bottom left is a purple button labeled 'Previous' and at the bottom right is a purple button labeled 'Submit and return to dashboard'.

8. Select 'Submit and return to dashboard'.

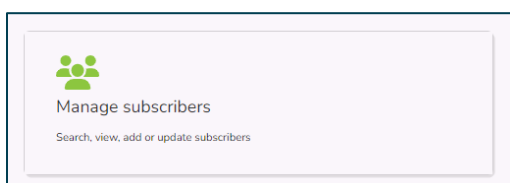
## Update a social security number

Every effort should be made to enter a valid Social Security number (SSN) at the time of enrollment.

**Note:** It is very important to promptly key accurate SSNs (or other applicable ITIN (Individual Taxpayer Identification Number) or ATIN (Adoption Taxpayer Identification Number)) for employees and dependents. SSNs, ITINs, or ATINs must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant employer penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

If it is not possible to do at that time or the number is entered incorrectly, the record may be updated later. Employees cannot update their own SSN or their dependent's SSN in Benefits 24/7.

1. From the Admin dashboard select the 'Manage Subscribers' tile.



2. Enter the first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the employees' name. Select 'Manage associated subscriber'.

## Update employee's SSN

1. Select the 'Eligibility' tab.

Manage eligibility information

Last name\* First name\* Middle name SSN\*

Samuels Jennifer 852-36-9856

Suffix Birth date\* Sex assigned at birth\* Gender identity\*

JR, SR 03/28/1965 Female Female

Eligibility reason\* Date of Eligibility\*

Newly Eligible Member 06/30/2023

Employee monthly gross salary Hire date\* Wellness participant:

06/30/2023 No

Is this employee represented?\* Effective start date\* Is this employee locally eligible?\*

Yes 06/21/2023 No\*

2. Make the change to the SSN or ITIN.

3. Select 'Submit'.

## Update dependent's SSN

1. Select the 'Manage dependents' tab on the employee's dashboard.
2. Select the + next to the dependent's name.

Dashboard Eligibility Manage Dependents Special Open Enrollment Profile Tobacco Surcharge Attestations Current Coverage Supplemental Benefits

Members associated with this account

+ Samuels, Harry Verified

3. Update the dependent's SSN, ITIN (Individual Taxpayer Identification Number), or ATIN (Adoption Taxpayer Identification Number). If the 'If this person has no social security number' checkbox is selected, uncheck the box prior to entering the SSN, ITIN, or ATIN.

Relation\* Qualify reason\* SSN\*

Spouse/state-registered domestic partner Married spouse 856-85-2365

☐ This person currently has no social security number

First name\* Last name\* Middle name Suffix

Harry Samuels JR, SR

Birth date\* Sex assigned at birth\* Gender identity\* Partnership start date\*

04/16/1963 Male Male 02/15/2000

Gender X means a gender that is not exclusively male or female. This field 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).

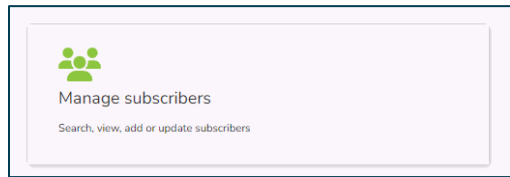
4. Select 'Submit changes'.

## Update address, phone number, or email

Employees can update their email address and phone numbers in Benefits 24/7.

Employees cannot update their address(es). The employee must submit the address change to their benefits administrator to be updated in Benefits 24/7. This will ensure the employees' address is corrected in both the payroll system and in Benefits 24/7.

1. From the Admin dashboard select the 'Manage Subscriber' tile.



2. Enter the first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the employee's name. Select 'Manage associated subscriber'.

## Update employee

1. Select the 'Eligibility' tab.

2. **Phone number and email** – Select the + symbol next to ‘Contact information’. Enter/update the email address and phone numbers. If the employee would like to opt in to email notification select the ‘Opt in’ checkbox. If the employee would like to opt out of email notifications deselect the ‘Opt out’ checkbox.

— Contact information

Phone numbers are used by HCA and health plan carriers to contact subscribers to resolve issues and provide customer support.

Email  
Email

Cell phone number  
Cell phone number

Home phone number  
Home phone number

Work phone number  
Work phone number

☐ Opt in to receive email notifications from PEBB for newsletters, general communications, and any urgent/critical communications related to emergency situations (fires, pandemics, etc.).

**Residential and mailing address** – Select the + symbol next to the Residential address or Mailing address. Enter the new address.

— Residential address

Address line 1\*  
1010 Main Street

Address line 2  
Unit #, Suite #

City\*  
Olympia

State/Province\*  
WA

County\*  
Thurston

Zip code\*  
98523

Country\*  
United States

3. When all updates are complete, select ‘Submit’.

## Update dependent

1. Select the ‘Manage dependent’ tab. Select the + next to the dependent’s name.

Members associated with this account

+ Samuels, Harry

Verified

2. If the dependent currently has the same address as the employee, the ‘Residential address’ checkbox will be selected. To add a different address, uncheck the checkbox.

Enter the dependent’s address.

If the address is changing to match the employee’s address, enter the employee’s current address.

☐ Residential address is the same as subscriber

Address line 1\*  
Street #, Street

Address line 2  
Unit #, Suite #

City\*  
City\*

State/Province\*  
State/Province\*

Zip code\*  
Zip code\*

3. Select ‘Submit changes’.