

Benefits 24/7

Benefits Administrator Manual

PEBB 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 PEBB 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

Outreach and Training For Benefits Administrators Use Only	
Phone:	1.800.700.1555
Secure email:	HCA Support – Select the Benefits administrator Inquiry tile
BA website:	PEBB benefits administrators Washington State Health Care Authority
Order materials:	Order materials
Fax number:	360.725.0771
Insurance Accounting /Accounts Receivable	
Email:	HCAPEBBAR@hca.wa.gov
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 must establish eligibility based on the work circumstances described in [WAC 182-12-114](#). Eligibility is determined solely by the criteria of the category that most closely describes the employee's work circumstances.

Hours that are excluded in the determination of eligibility include standby hours and any temporary increase in work hours of six months or less caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern. The employer must request approval to include temporary training or emergency hours in determining eligibility.

State agencies and higher education institutions must inform employees, in writing, of their eligibility or ineligibility for PEBB benefits upon employment and when there is a change in eligibility. The written notice must include a description of any hours that are excluded in determining eligibility and information about the employee's right to appeal eligibility and enrollment decisions. ([WAC 182-12-113](#))

The PEBB program has developed worksheets to help employers determine eligibility for the employer contribution for benefits and to meet the requirement of notification to the employee in writing. Worksheets are available on the PEBB BA website, [Eligibility Worksheets](#) page. Employer groups and Educational Service Districts are encouraged, but not required, to use this method.

The employee must make elections no later than 31 days after the date of eligibility. If the employee does not make elections before the 31-day deadline, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, 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 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 PEBB Program.

Eligible dependents are outlined in [WAC 182-12-260](#).

Benefit Enrollment

Full Benefits Package	Medical/Vision Only
Medical/Vision	Medical/Vision
Dental	-
Basic Life and AD&D	-
Supplemental Life and AD&D	-
Employer-paid LTD	-
Employee-paid LTD	-
Optional Auto and Home Insurance	Optional Auto and Home Insurance
State Agencies and Higher Education Institutions Only	
Medical Flexible Spending Arrangement (FSA)	-
Limited Purpose FSA	-
Dependent Care Assistance Program (DCAP)	-

Dual enrollment

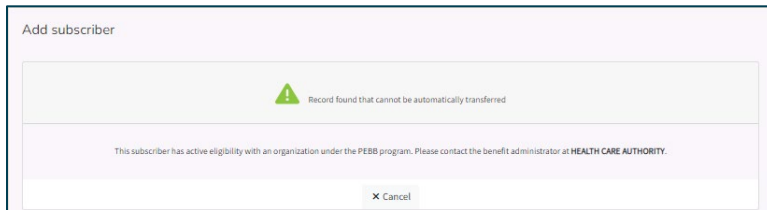
Dual enrollment in PEBB coverage or PEBB and SEBB coverage is not permitted for employees or dependents. ([WAC 182-12-123](#))

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

- An eligible employee may waive PEBB medical and enroll as a dependent under their spouse, state-registered domestic partner, or parent's PEBB account. The employee cannot waive dental.
- An eligible employee may waive PEBB medical and dental to enroll as a dependent under their spouse, state-registered domestic partner, or parent's SEBB account. The employee must be enrolled in PEBB 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 PEBB employer, the employee must choose which employer to enroll under.
- If the employee is eligible at both a PEBB and SEBB employer, the employee must choose whether they will enroll in PEBB medical and dental or waive PEBB medical and dental or enroll in SEBB medical, dental, and vision. If the employee enrolls in SEBB the employee must be enrolled in PEBB 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 SEBB and becomes eligible for PEBB and does not login or submit a form to waive PEBB coverage, the employee will be defaulted to Uniform Medical

Plan Classic, Uniform Dental Plan, 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 be defaulted to incur the \$25 monthly tobacco premium surcharge in addition to the monthly premiums. The employee will be removed from SEBB medical, dental and vision and remain enrolled in PEBB default plans as described above.

Benefits 24/7 will provide the following message if you enter an employee who is already enrolled as an employee in PEBB or SEBB coverage:



Manually add a newly eligible employee record

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

The following employers can skip to the [Claim an employee record](#) section to enter a date of eligibility for newly eligible employees.

- **State Agencies utilizing HRMS** – the demographic data will be transferred to Benefits 24/7 in the daily GAP 9 interface.
- **Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority** – A file feed will create a demographic record for newly eligible employees.
- **University of Washington** – Benefits 24/7 will be populated with eligibility and enrollment through a daily file from Workday. UW employees will not have access to Benefits 24/7.



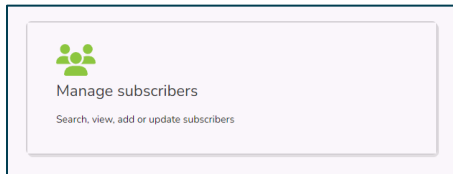
When entering data:

- An asterisk (*) indicates a required field.
- If the format of the data is correct, the box will outline in green. If format of the data is incorrect the box will be 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.

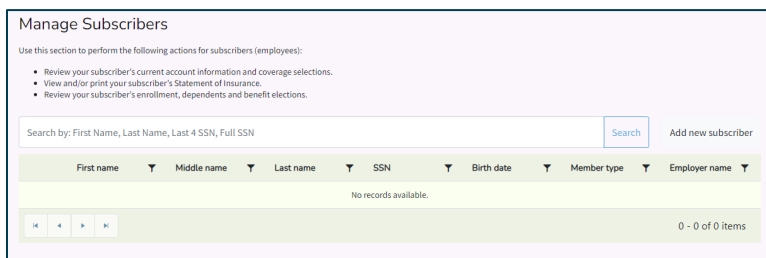
Manually create an employee record:

State agencies utilizing HRMS, Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – Go to the [Claim an employee record](#) section of this manual to claim the demographic record and enter a date of eligibility.

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



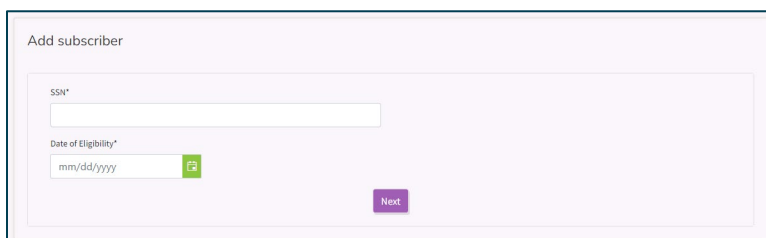
2. Select 'Add new subscriber'.



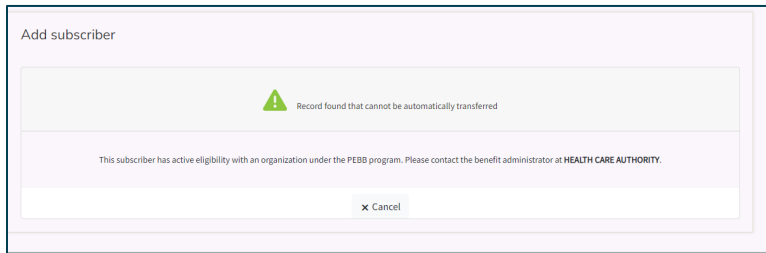
3. Enter the employees SSN or ITIN (Individual Taxpayer Identification Number) and the date of eligibility.

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'.



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



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 PEBB and SEBB programs. If you need help with resolution or contact information, send a case through [HCA Support](#), Benefits Administrator tile.

- 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.*

- Enter the newly eligible employee's Last Name and First Name, and Middle name (Middle name is not required).
- The SSN field will be prepopulated with the SSN or ITIN previously entered.
- Enter the Birth date, Sex assigned at birth, and Gender identity. *Note: Fields with an asterisk are required.*
- If the information is available, add the employee's Home Phone and Work Phone in the appropriate fields. This is optional.
- Select 'Newly Eligible member' from the 'Eligibility reason' drop-down menu.

11. The 'Date of Eligibility' field will be populated with the date initially entered. The 'Coverage Effective Date' field 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. Leave the response to 'Yes' if the Employee is eligible for LTD. Select 'No' from the drop-down menu if the employee is not eligible for LTD. *Note: Port Commissioners, School Board Members, and less than 9-month Seasonal Employees are not eligible for long-term disability (LTD).*
14. Enter the employee's monthly salary. This is required for calculating the employee-paid LTD premium. It is important to update the employee's salary anytime there is a change. For hourly employees, estimate the monthly salary.

Note: Higher education institutions who chose to manage the employee-paid LTD in their payroll system, the salary field is a required field, a salary must be entered when manually entering an account.
15. Enter the employee's 'Date of Hire'.
16. Enter the 'Residential Address', including the county if the employee lives in Washington or Oregon. Use USPS punctuation standards. This is the address all mailings will go to unless the employee provides a mailing address.

The screenshot shows a form with the following fields:

- Address line 1* (Text input, placeholder: Street #, Street)
- Address line 2 (Text input, placeholder: Unit #, Suite #)
- City* (Text input)
- State/Province* (Dropdown menu)
- County* (Dropdown menu)
- Zip code* (Text input)
- Country* (Dropdown menu, currently showing United States)

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:

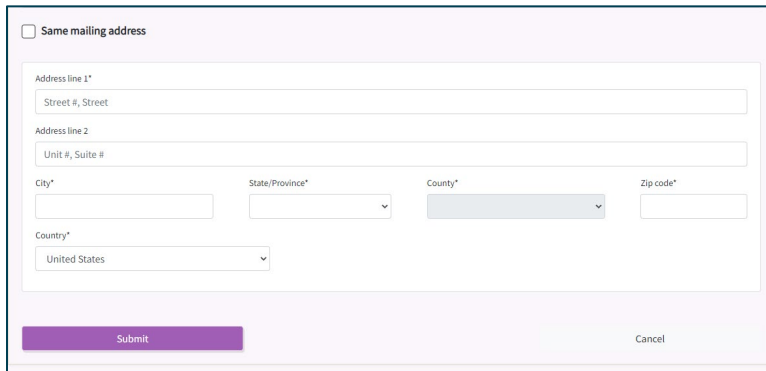
AB	Alberta	NU	Nunavut
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edward Island
NB	New Brunswick	QC	Quebec
NL	Newfoundland and Labrador	SK	Saskatchewan
NT	Northwest Territories	YT	Yukon
NS	Nova Scotia		

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.



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.

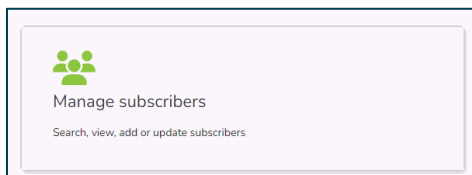
If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, basic life and AD&D, employer-paid LTD, and 60%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

Claim an employee record

State agencies utilizing HRMS, Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – Follow these steps to claim a newly eligible employee's record to establish eligibility and when claiming an existing employee's account due to rehire or transfer.

All other employers – 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'.

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

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

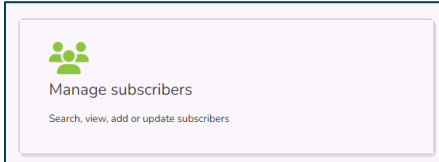
6. Verify the information is correct.
7. From the drop-down menu, choose the eligibility reason. Options include:
 - Newly eligible member
 - Return to work faculty/seasonal
 - Return from LWOP
 - Return from Layoff
8. Choose 'Yes' or 'No' from the 'Is this employee represented' drop down menu. If the response is 'Yes' enter the Effective start date of being represented.
9. If the salary is not populated or is incorrect, enter the salary.
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 to 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 Uniform Medical Plan Classic, Uniform Dental Plan, basic life and AD&D, employer-paid LTD, and

60% employee paid LTD as a single subscriber. The employee will also be defaulted to incur the \$25 tobacco use premium surcharge in addition to the monthly premiums.

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 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the name of 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 Termination/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'.

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

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

Add subscriber

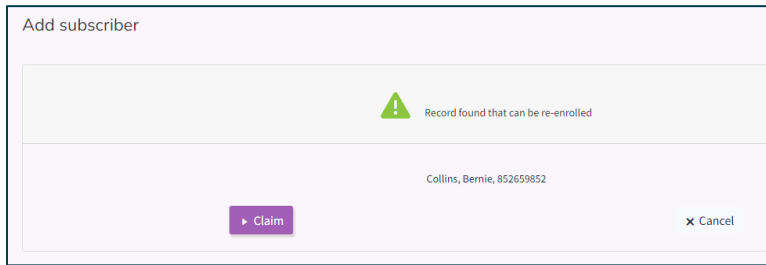
SSN*

Date of Eligibility*

mm/dd/yyyy

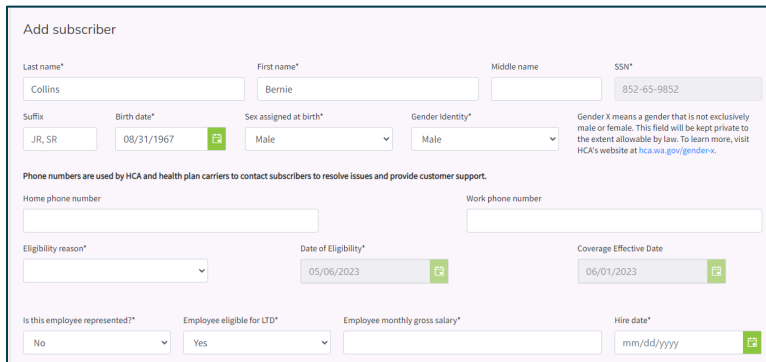
Next

4. Select 'Claim'. The record displays.



The screenshot shows a web form titled "Add subscriber". At the top, there is a warning icon (a green triangle with an exclamation mark) and the text "Record found that can be re-enrolled". Below this, the name "Collins, Bernie, 852659852" is displayed. At the bottom of the form, there are two buttons: a purple button labeled "Claim" and a grey button labeled "Cancel".

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: Collins; First name: Bernie; Middle name: (empty); SSN: 852-65-9852; Suffix: JR, SR; Birth date: 08/31/1967; Sex assigned at birth: Male; Gender Identity: Male; Home phone number: (empty); Work phone number: (empty); Eligibility reason: (empty); Date of Eligibility: 05/06/2023; Coverage Effective Date: 06/01/2023; Is this employee represented?: No; Employee eligible for LTD?: Yes; Employee monthly gross salary: (empty); Hire date: mm/dd/yyyy. There is also a note about phone numbers and a link to HCA's website.

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'.
8. Enter the date the employee was hired in the 'Hire date' field.
9. Select 'Submit'. The employee may now login 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 Uniform Medical Plan Classic, Uniform Dental Plan, basic life and AD&D, employer-paid LTD, and 60% employee paid LTD as a single subscriber. The employee will also be defaulted to incur the \$25 tobacco use premium surcharge in addition to the monthly premiums.

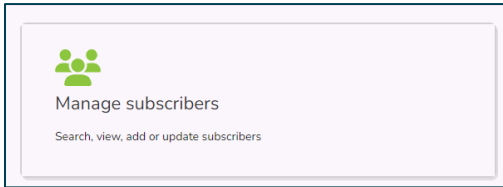
Employee eligible for both PEBB and SEBB

If the employee has eligibility with a PEBB organization and a SEBB organization, the employee may waive PEBB medical and dental to enroll in SEBB medical, dental and vision. 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 employer-paid LTD.

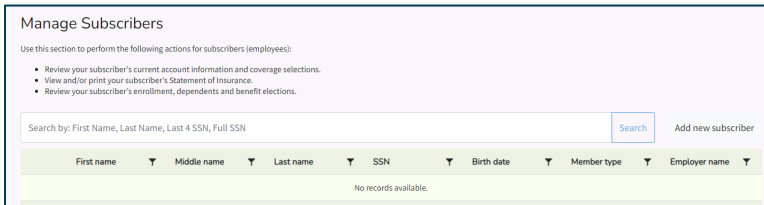
The employee cannot be dual enrolled in both PEBB medical and dental and SEBB medical, dental, and vision. The employee must notify the PEBB organization of their intention to waive the medical and dental to remain enrolled or waive to enroll in SEBB coverage. If no notice is provided, the employee will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

Waive medical and dental to enroll in SEBB benefits

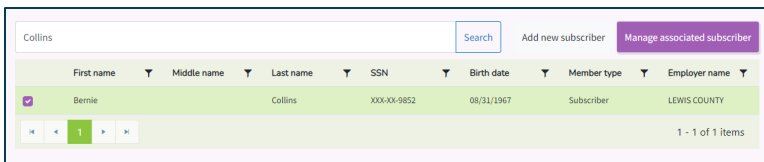
1. Select 'Manage Subscribers' tile from the Admin dashboard.



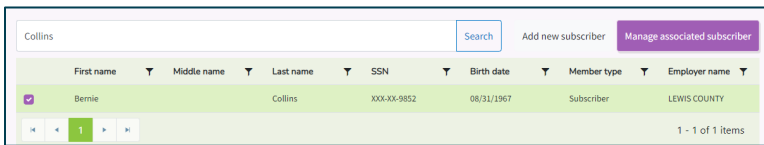
2. Select 'Add new subscriber'.



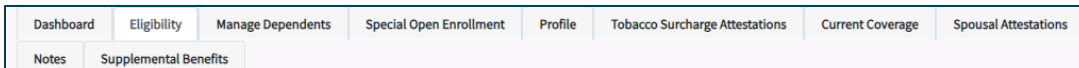
3. Enter the employees first name, last name, SSN or last 4 of the SSN. Select 'Search'.



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 SEBB Benefits'. This enables the employee to waive medical and dental.

Manage eligibility information

Last name* Collins First name* Bernie Middle name SSN* 852-65-9852

Suffix JR, SR Birth date* 08/31/1967 Sex assigned at birth* Male Gender identity* Male

Eligibility reason* Newly Eligible Member Date of Eligibility* 05/06/2023 Mail-stop (region)

Employee monthly gross salary* \$3,568.00 Hire date* 05/03/2023 Wellness participant: No

Is this employee represented* No Employee eligible for LTD* Yes

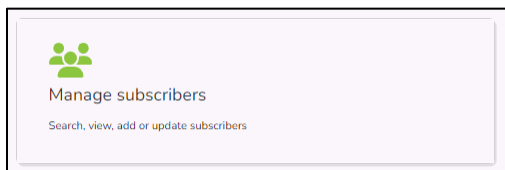
Eligible for SEBB Benefits

7. Select 'Submit'.

If the employee is currently enrolled in SEBB and becomes eligible for PEBB and does not login or submit a form to waive PEBB coverage, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, 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 SEBB medical, dental and vision and remain enrolled in PEBB default plans.

Enroll an employee from a paper form

1. Select 'Manage Subscribers' tile.



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

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 [Search] Add new subscriber

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

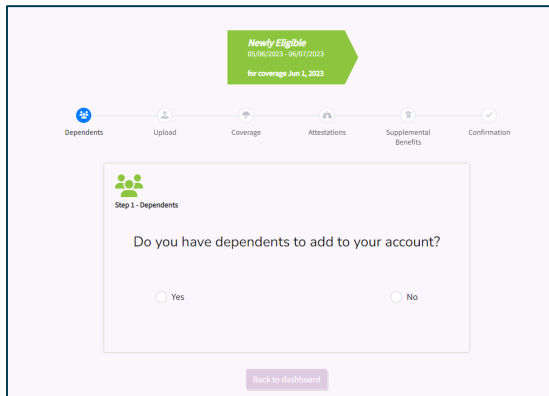
3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

Collins [Search] Add new subscriber 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 '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 PEGB and SEBB Programs, they are limited to a single enrollment in either PEGB or SEBB health plans.

State-registered domestic partner is defined in WAC 182-12-109. 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 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 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 PEGB 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="JR, SR"/>
Birth date*	Sex assigned at birth*	Gender Identity*	
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>	
<p>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 Gender X webpage.</p>			
Relation*	Qualify reason*	SSN*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 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 PEBB 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 PEBB 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, or medical or dental. Select 'Let's make tobacco attestations for this dependent'.

The screenshot shows a web interface for 'Benefits elections'. At the top left, there is a breadcrumb link for 'Enrollments'. The main heading is 'Benefits elections'. Below this, a question asks 'Which benefit would you like to enroll this dependent in?'. Three options are listed with checked checkboxes: 'Medical', 'Dental', and 'Vision'. At the bottom of the form, there are two buttons: a light purple button labeled 'Cancel adding dependent' and a darker purple button labeled '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.*

Tobacco use premium surcharge attestation

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

[Learn about this surcharge](#) before you make your attestation.

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 you check Yes in this section, you will be charged the \$25 premium surcharge. 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 [PEBB Program Policy 91-1](#).

Does the tobacco use premium surcharge apply to this dependent?

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 medical plan's tobacco cessation program (if age 18 or older).

[Continue to the Spouse or state-registered domestic partner coverage surcharge attestation](#)

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.

Collins, Sarah	Medical: Enrolled	Tobacco use: No
DOB: 05/23/1964	Dental: Enrolled	Spousal surcharge: No
Spouse/state-registered domestic partner		

[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'.

Step 1 - Dependents

You have successfully added Sarah Collins. Do you have additional dependents to add?

Yes
 No

[Previous](#)
[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'.

Step 1 - Dependents

Dependent review

Please review the information below for accuracy associated with the dependents added to your account and make any necessary changes.

Dependent Information:

Collins, Sarah	Medical: Enrolled	Tobacco use: No	Edit dependent
DOB: 05/23/1964	Dental: Enrolled	Spousal surcharge: No	
Spouse/state-registered domestic partner			

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\(s\)](#)

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 you 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 the 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'.

Upload eligibility documents and indicate applicable dependents:

Select files...
Drop files here to upload

Signing-documents-electronically.pdf
20231018

×

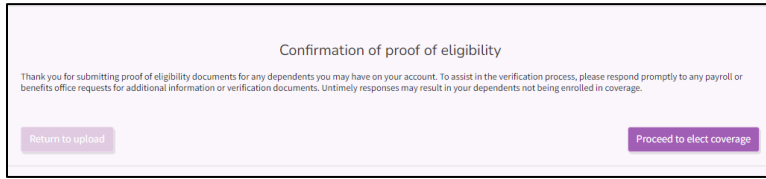
Allowed file types: pdf, jpg, jpeg, png
Maximum file size: 10mb

Associate documents

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Signing-documents-electronically.pdf <div style="border-bottom: 1px solid #ccc; width: 100px; text-align: center; font-size: 8px;">Document type</div> </div> </div>	<p>Verification applicable to:</p> <p><input type="checkbox"/> Sarah Collins - Pending *</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Proceed to elect coverage

20. Select 'Proceed to elect coverage'.



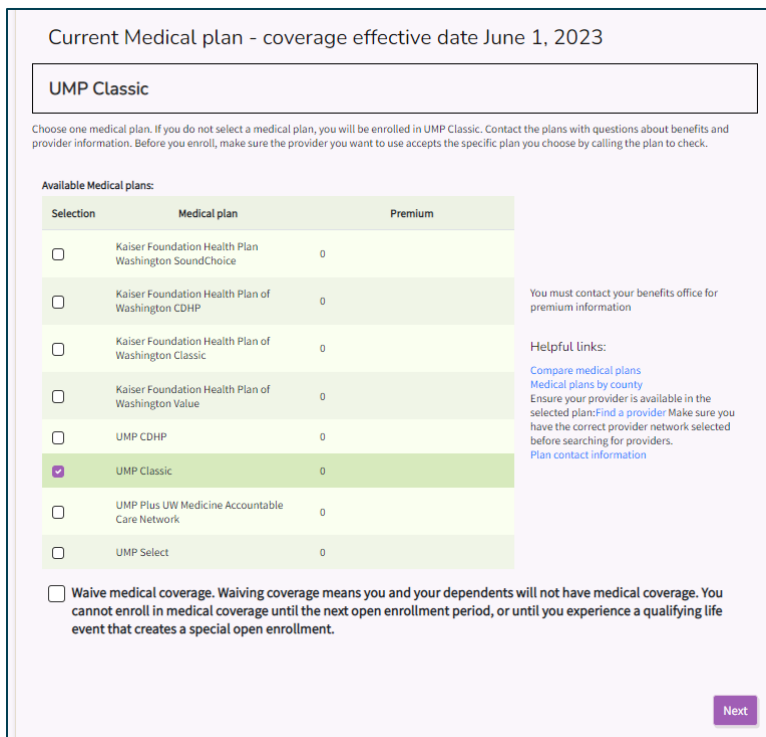
Confirmation of proof of eligibility

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 next 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 are displayed. If the employee is choosing a plan that is available where they work but is not available where they live notify Outreach and Training through HCA Support.



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 Washington SoundChoice	0
<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 Plus UW Medicine Accountable Care Network	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](#)

22. Select 'Next'.

Note: Medical only groups skip to step 24.

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

Current Dental plan - coverage effective date June 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 #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](#)

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

24. Review 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.

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 UMP Classic.
- You requested to change your dental plan from Default -- not enrolled with a valid plan to Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington.

Subscriber:	Coverage effective date:	Medical Plan:	Dental Plan:
Collins, Bernie DOB - 08/31/1967	06/01/2023	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington
Collins, Sarah DOB - 05/23/1964	06/01/2023	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

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

25. 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

26. 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'.

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 medical plan's [tobacco cessation program](#) (if age 18 or older).

Previous Next

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

Step 4 - Attestations

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 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.

Previous Next

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

Note: Medical only groups and higher education institutions skip to step 30.

Higher Education Institutions – The LTD page will be available to employees when Benefits 24/7 launches. If you do not want employee's enrolling online, request the employee complete the LTD form instead.

Step 4 - Attestations

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](#)

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

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 \$5,333 per month for the 50-percent coverage. **At any time**, you can reduce to a lower-cost 50-percent coverage level or decline the 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

Coverage level	Higher-education employees retirement plan	TRS, PERS, and other retirement plans
60 percent	0.0059	0.0047
50 percent	0.0035	0.0028

The monthly employee-paid premium displayed is based on the predisability monthly earnings provided by your employer.

Employee Paid (60-percent plan)

Predisability monthly earnings: 3568 × Percentage rate: 0.47 = Monthly premium: 16.77 Monthly benefit amount: 2140.80

Employee Paid (50-percent plan)


Predisability monthly earnings: 3568 × Percentage rate: 0.28 = Monthly premium: 9.99 Monthly benefit amount: 1784.00

Decline employee-Paid LTD

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'.

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

 **Step 6 - Confirmation**

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.

Bernie Collins
123 Main Street
Olympia, WA 98504

Employer: LEWIS COUNTY

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date
Collins, Bernie	06/01/2023	06/01/2023
Collins, Sarah	06/01/2023	06/01/2023
Collins, Sarah	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: Uniform Dental Plan (Group #3000), 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

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

 **Step 6 - Confirmation**

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.

Employer-paid coverages

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

optional coverages
Please visit metlife at 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% Default Plan)

Previous

Next

32. 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 employer-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.

33. 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.

Step 6 - Confirmation

You're all done! You can download a summary of your elections below.

[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](#)

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.

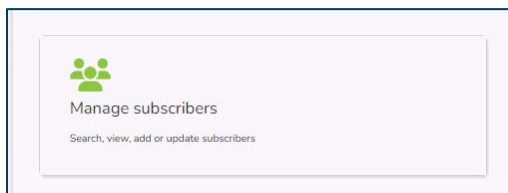
Update enrollment

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.

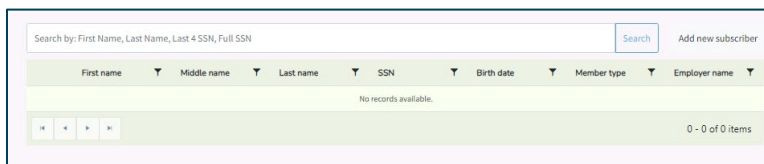
- The employee can continue to access the Newly Eligible Wizard by logging into Benefits 24/7 within their 31 days of eligibility to make changes to their account.
- If they wish to make changes after the 31 days of eligibility, the employee may make changes only if they have a life event that creates 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

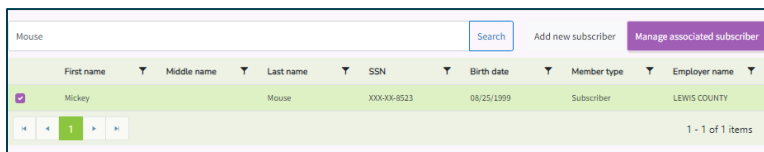
1. From the Administrator Dashboard, select the 'Manage subscribers' tile.



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 PEBB 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 PEBB Program will review and determine if it is acceptable as verification.

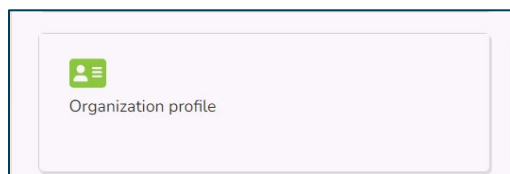
The verification documents must be received within the deadline for the enrollment

- **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. Select the + symbol next to the name of the employee with dependents to be verified.




Verify dependents
Use this section to review status of dependent verification requests for your organization. After review of documentation provided, either within PEBB My Account or in person, record verification results.
[Accepted documents for proof of eligibility](#)

Show only pending requests

Subscriber	Dependent	Reason	Status	Request Date	Verified Date	Has Documents
+ Collins, Bernie	Collins, Sarah	Married spouse	Pending	5/15/2023		Yes
+ Collins, Bernie	Collins, Sarah	Married spouse	Pending	5/15/2023		No

1 - 2 of 2 items

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](#).

Subscriber:	Collins, Bernie	Dependent:	Collins, Sarah
SSN:	852659852	SSN:	999990001
DOB:	08/31/1967	DOB:	02/15/2021
Relationship Type:	Child	Verification documents	
Relationship Qualify Reason:	Dependent (not disabled)	 Type: Tax Return Uploaded by: AMY CORRIGAN On: 06/13/2023  Type: Tax Return Uploaded by: AMY CORRIGAN On: 06/13/2023  Type: Tax Return Uploaded by: AMY CORRIGAN On: 06/13/2023	



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

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

Show only pending requests

Subscriber	Dependent	Reason	Status	Request Date	Verified Date	Has Documents
+ Caruthers, Kelly	Caruthers, Maximillo	Married spouse	Pending	1/1/2023		Yes
- Sailor, Popeye	Oyl, Olice	Married spouse	Pending	2/1/2023		No

Subscriber:	Sailor, Popeye	Dependent:	Oyl, Olice
SSN:	325698520	SSN:	658965523
DOB:	02/16/1960	DOB:	04/25/1962
Relationship Type:	Spouse/state-registered domestic partner		
Relationship Qualify Reason:	Married spouse		
<input type="checkbox"/> Verify <input type="checkbox"/> Deny <input checked="" type="checkbox"/> Pending			

Select the Verification Status from the drop-down menu.

Subscriber: Jackson, George Dependent: Jackson, Valerie
 SSN: 856985233 SSN: 856698225
 DOB: 06/05/1980 DOB: 01/25/1985

Relationship Type: Spouse/state-registered domestic partner
 Relationship Qualify Reason: Married spouse

Verify Deny Pending

Verification status*

Verify date*

Document type*

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 – Must be approved by the program.
Verified WA Registration	Verified WA registration

5. 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, select 'Deny'.

Show only pending requests

Subscriber	Dependent	Reason	Status	Request Date	Verified Date	Has Documents
+ Caruthers, Kelly	Caruthers, Maximillio	Married spouse	Pending	1/1/2023		Yes
- Sailor, Popeye	Oyl, Olice	Married spouse	Pending	2/1/2023		No

Subscriber: Sailor, Popeye Dependent: Oyl, Olice
 SSN: 325698520 SSN: 658965523
 DOB: 02/16/1960 DOB: 04/25/1962

Relationship Type: Spouse/state-registered domestic partner
 Relationship Qualify Reason: Married spouse

Verify Deny Pending

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

Subscriber: Jackson, George Dependent: Jackson, Valerie
 SSN: 856985233 SSN: 856698225
 DOB: 06/05/1980 DOB: 01/25/1985

Relationship Type: Spouse/state-registered domestic partner
 Relationship Qualify Reason: Married spouse

Verify Deny Pending

Verification status*
 [Dropdown menu]

Denied date*
 05/24/2023 [Calendar icon]

Document type*
 [Dropdown menu]

Submit changes Cancel

Options:

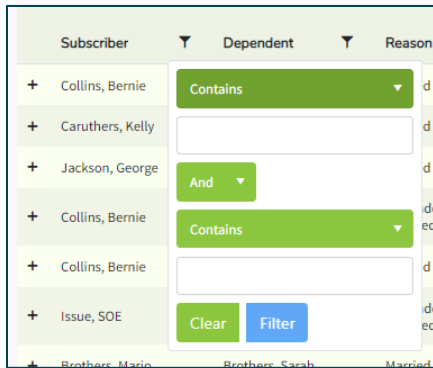
Denied	The dependent is not eligible, based on WAC 182-31-140
Illegible	Not able to read the document – poor quality, not in English
Incomplete	All required documents were not submitted
Invalid	The document is not valid
No DV document provided	Employee did not provide documents or provided documents 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. Select '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 initial eligibility or 60-days of the special open enrollment, the verification will need to be updated.
2. Select the 'Dependent Verification' tile on Admin the dashboard.
3. Uncheck the 'Show only pending requests' checkbox.

- 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.



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

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

Special open enrollments

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.

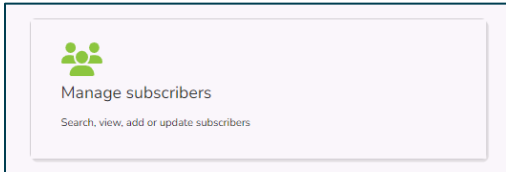
Do not use the SOE to remove an ex-spouse or in the event of a death. See the [Reporting a divorce or death](#) section in this manual.



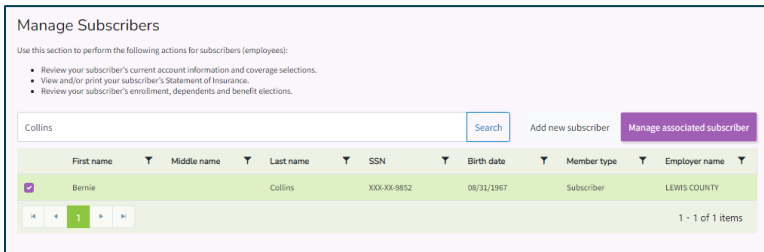
If dependents were added during a special open enrollment, in addition to verifying the special open enrollment event with proof of the event, the dependent must be verified. If the special open enrollment event is approved, go to the 'Dependent verification' tile to verify the dependents.

Submit an SOE on behalf of an employee

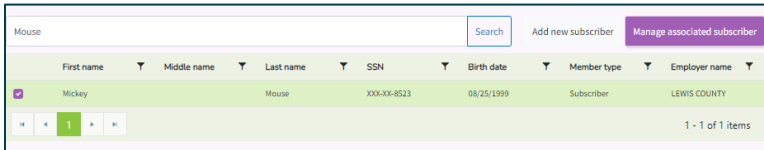
1. From the Admin dashboard, select the 'Manage Subscribers' tile.



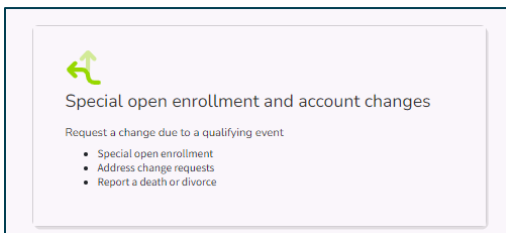
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.



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



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



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

Select the Special Open Enrollment from the drop-down list below

Select the applicable special open enrollment event* Event Date* Coverage Effective Date Override

mm/dd/yyyy mm/dd/yyyy Add new event

Use this field to override effective date calculation if necessary.

Select other event or account change from the drop-down list below

Select the applicable special open enrollment event* Event Date* Coverage Effective Date Override

mm/dd/yyyy mm/dd/yyyy Add new event

Use this field to override effective date calculation if necessary.

For information regarding special open enrollment events (eligibility, what changes can be made, etc.) please see [PEBS special open enrollment](#).

- 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.*

Select the Special Open Enrollment from the drop-down list below

Select the applicable special open enrollment event* Event Date* Coverage Effective Date Override

Newly eligible extended dependent 06/01/2023 mm/dd/yyyy Add new event

Use this field to override effective date calculation if necessary.

Child becomes eligible as an extended dependent through legal custody or legal guardianship.

Documents to submit

- Court Ordered Parenting Plan/ Legal Custody/ Guardianship
- Extended Dependent Certification Form and Court Ordered Parenting Plan

- The wizard will look different depending on the event selected and the changes allowable under that event. The example used is adding a new 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'.

The form contains the following fields and options:

- First name* (text input)
- Last name* (text input)
- Middle name (text input)
- Suffix (dropdown menu with options: JR, SR)
- Birth date* (text input with format mm/dd/yyyy and a calendar icon)
- Sex assigned at birth* (dropdown menu)
- Gender Identity* (dropdown menu)
- Gender X note: 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 Gender X webpage.
- Relation* (dropdown menu)
- Qualify reason* (dropdown menu)
- SSN* (text input)
- This person currently has no Social Security number*
- Residential address is the same as subscriber
- 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)
- Zip code* (text input)
- Let's add coverage to your dependent (purple button)

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

The screen displays the following content:

- Enrollments (header)
- Benefits elections (title)
- Which benefit would you like to enroll this dependent in? (question)
- Medical (radio button)
- Dental (radio button)
- Cancel adding dependent (light purple button)
- Next (purple button)

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.

Kelly, Joe	Medical: Enrolled	Tobacco use: No
DOB: 02/15/2020	Dental: Enrolled	Spousal surcharge: Not applicable
Extended dependent		

[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 associated with the dependents added to your account and make any necessary 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:

Collins, Sarah DOB: 05/23/1964 Spouse/state-registered domestic partner	Medical: Enrolled Dental: Enrolled	Tobacco use: No Spousal surcharge: No	Edit dependent
Collins, Sarah DOB: 05/23/1964 Spouse/state-registered domestic partner	Medical: Not Enrolled Dental: Not Enrolled	Tobacco use: No Spousal surcharge: No	Edit dependent
Kelly, Joe DOB: 02/15/2020 Extended dependent	Medical: Enrolled Dental: Enrolled	Tobacco use: No Spousal surcharge: Not applicable	Edit dependent

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'.

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

Associate documents

 type: Marriage Certificate and Evidence that the marriage is still valid On: 05/15/2023
Signing-documents-electronically.pdf

Document type: Marriage Certificate and E

Verification applicable to:

Sarah Collins - Verified *
 Sarah Collins - Denied *
 Joe Kelly - Pending certification *
 Newly eligible extended dependent

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 Washington SoundChoice	0
<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 Plus UW Medicine Accountable Care Network	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.

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.

Step 3 - Coverage

Current Dental plan - coverage effective date June 1, 2023

Uniform Dental Plan (Group #3000), 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 type="checkbox"/>	DeltaCare (Group #3100), administered by Delta Dental of Washington	0
<input checked="" 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](#)

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

17. Confirm the elections. Select 'Confirm and let's complete tobaccos 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.

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:
Collins, Bernie DOB - 08/31/1967		UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington
Kelly, Joe DOB - 02/15/2020		UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington
Collins, Sarah DOB - 05/23/1964	06/01/2023	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington
Collins, Sarah DOB - 05/23/1964	06/01/2023	NOT ENROLLED	NOT ENROLLED

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'.

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 medical plan's [tobacco cessation program](#) (if age 18 or older).

Previous Next

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



Step 4 - Attestations

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: Bernie Collins
 123 Main Street
 Olympia, WA 98504
 Employer: LEWIS COUNTY

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date
Collins, Bernie	06/01/2023	06/01/2023
Kelly, Joe	06/01/2023	06/01/2023
Collins, Sarah	06/01/2023	06/01/2023
Collins, Sarah	NOT ENROLLED	NOT ENROLLED

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: Uniform Dental Plan (Group #3000), 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](#)

23. 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.

Employer-paid coverages

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

optional coverages

Please visit metlife at 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](#)

24. 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

25. 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 SOE request for verification. Once submitted, you cannot edit this request and must remove it to make corrections.

Submit Request

Download elections

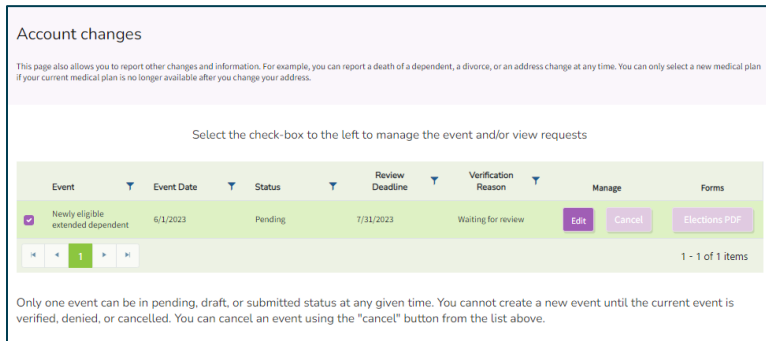
Email address*

Email Address

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

Previous

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

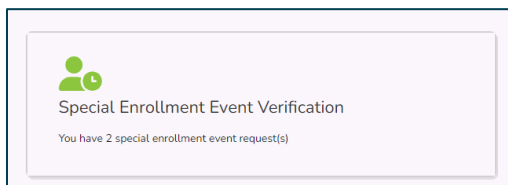


Update a Special Open Enrollment

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.



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 type="checkbox"/>	Issue_SOE	Loss of other coverage	Pending	7/1/2023	6/15/2023	6/1/2023	8/14/2023	Yes
<input checked="" type="checkbox"/>	Mouse, Mickey	Birth or adoption	Pending	6/1/2023	6/2/2023	6/13/2023	8/1/2023	Yes

1 - 2 of 2 items

3. Select 'Click here to edit request'.

Subscriber: Brothers, Mario

SSN: 852365421

DOB: 05/21/1998

Verification documents

- Type: Certificate of Creditable Coverage
On: 06/01/2023
- Type: Marriage Certificate and Evidence that the marriage is still valid
On: 06/01/2023

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

Mario Brothers

- Enrolled in UMP Classic medical plan effective 07/01/2023
- Made tobacco attestation

Verify Deny Pending

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

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

✓

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.

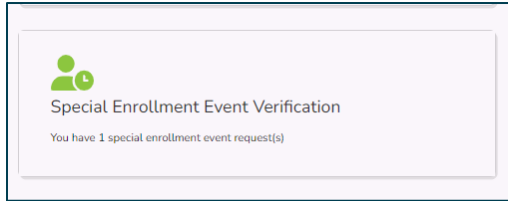
[Previous](#)

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

If the employee is adding an extended dependent or a disabled dependent, the PEBB Program must certify the dependent.

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



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

Subscriber	Event	Status	Effective Date	Event Date	Submit Date	Expiration Date	Verify Date	Has Documents	
<input checked="" type="checkbox"/>	Collins, Bernard	Loss of other coverage	Pending	6/1/2023	5/15/2023	5/24/2023	7/14/2023	5/24/2023	Yes
<input type="checkbox"/>	Collins, Bernie	Newly eligible extended dependent	Pending	6/1/2023	6/1/2023	5/15/2023	7/31/2023		No

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](#).

The screenshot shows a form titled "Requested changes" with a link "Click here to edit request". It lists changes for George Jackson and Valerie Jackson (dependent). At the bottom, there are radio buttons for "Verify", "Deny", and "Pending", with "Pending" selected. There are also "Submit changes" and "Cancel" buttons.

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

The screenshot shows a form with radio buttons for "Verify", "Deny", and "Pending", with "Verify" selected. Below are two dropdown menus: "Verification status*" with "Verified" selected, and "Document type*" with "Certificate of Creditable Coverage" selected. There is also a "Verify date*" field with "05/30/2023" and a calendar icon. At the bottom, there are "Submit changes" and "Cancel" buttons.

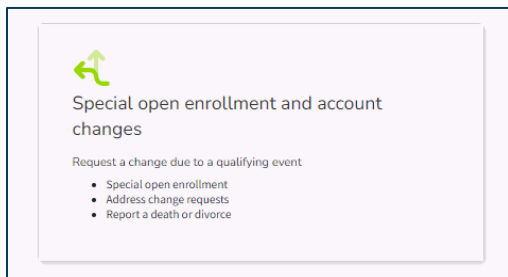
- If the proof is not valid or has not submitted, select 'Deny'. Select 'Denied' from the Verification status drop-down. Select the document type needed from the drop-down.

The screenshot shows a form with three radio buttons at the top: 'Verify' (unchecked), 'Deny' (checked), and 'Pending' (unchecked). Below these are two rows of dropdown menus. The first row is labeled 'Verification status*' and has 'Denied' selected. To its right is a date field labeled 'Denied date*' with '05/30/2023' entered. The second row is labeled 'Document type*' and has 'Certificate of Creditable Coverage' selected. At the bottom are two buttons: 'Submit changes' and '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.



2. Based on the employee's situation, select 'Death or Divorce' from the second drop-down menu. Enter the date of the death or divorce. Select 'Add new event'

The screenshot shows a form titled 'Select the Special Open Enrollment from the drop-down list below'. It has 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 placeholder 'mm/dd/yyyy', and a date field for 'Coverage Effective Date Override' with a placeholder 'mm/dd/yyyy'. To the right of the second date field is an 'Add new event' button. A yellow note below the second date field says 'Use this field to override effective date calculation if necessary.'

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

Dependent review

Use this section to report a divorce or the death of a dependent.

Dependent Information:

Caruthers, Maximillio DOB: 05/20/1990 Spouse/state-registered domestic partner	Medical: Dental:	Enrolled Enrolled	Tobacco use: Spousal surcharge:	No No
--------------------------------------------------------------------------------------	-----------------------------------	----------------------	--------------------------------------------------	----------

Select the event you are reporting for this dependent:

Death Divorce

Provide proof:

You will need to provide proof of a death or divorce:

- Petition for Dissolution of marriage (divorce); or
- Petition for Dissolution of state registered domestic partnership; or
- Copy of a death certificate.

[Cancel](#) [Upload documents](#)

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 '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.

Notification was provided no later than 60 days from the end of the month in which the event occurred?

Yes No

Submit Request

Previous

Approve or deny a death or divorce

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

Special Enrollment Event Verification

You have 2 special enrollment event request(s)

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

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"/> Death or Divorce	5/3/2023	Pending	7/2/2023	Waiting for review		

1 - 1 of 1 items

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.

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.

Subscriber: Sailor, Popeye

SSN: 325698520

DOB: 02/16/1960

Verification documents: No Documents Uploaded

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

This subscriber has not made any new elections as a result of this SOE event. Please work with the subscriber to complete elections for the SOE event or deny the event as applicable.

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 event was submitted after 60 days of the event.

Select 'Submit changes'.

The screenshot shows a form with three radio buttons at the top: 'Verify' (checked), 'Deny', and 'Pending'. Below are two dropdown menus: 'Verification status*' (set to 'Verified') and 'Verify date*' (set to '05/30/2023'). There is another dropdown menu for 'Document type*'. To the right, a question asks 'Notification was provided no later than 60 days from the end of the month in which the event occurred?' with 'Yes' selected. At the bottom are 'Submit changes' and 'Cancel' buttons.

- If the proof was 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, that the event was denied and why. Include appeal rights.

Select 'Submit changes'.

The screenshot shows a form with three radio buttons at the top: 'Verify', 'Deny' (checked), and 'Pending'. Below are two dropdown menus: 'Verification status*' (set to 'Denied') and 'Denied date*' (set to '05/30/2023'). There is another dropdown menu for 'Document type*'. To the right, a question asks 'Notification was provided no later than 60 days from the end of the month in which the event occurred?' with 'Yes' selected. At the bottom are 'Submit changes' and 'Cancel' buttons.

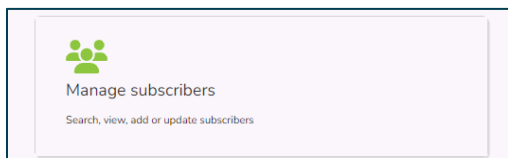
Print a Statement of Insurance

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.

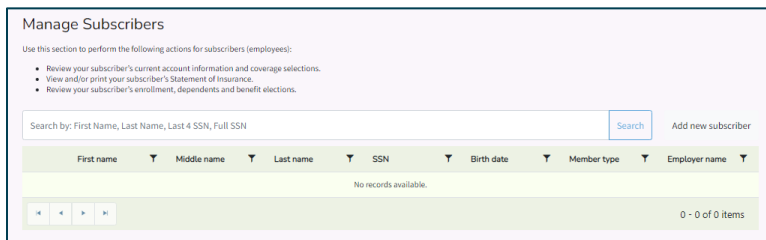


Employees can log into Benefits 24/7 and print a 'Statement of Insurance at any time.

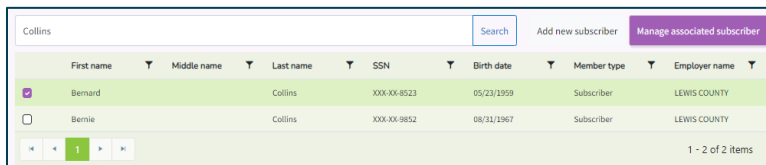
1. From the Admin dashboard, select the 'Manage subscribers' tile.



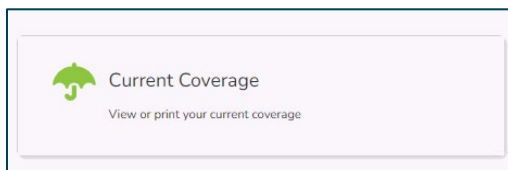
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.



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: 05/30/2023
Employer: LEWIS COUNTY

Bernard Collins
1010 Main Street
Olympia, WA 98523

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date
Collins, Bernard	05/01/2023	05/01/2023
Collins, Mary	05/01/2023	NOT ENROLLED

HCA-sponsored coverage

Medical coverage provided by: UMP CDHP

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: Willamette Dental of Washington, Inc. (Group WA82)

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

STATEMENT OF INSURANCE

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Life insurance coverage

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/waseb10 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

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

- Print or save the document for the employee.

Transfer an employee

An employee is a transfer when their benefits end at the end of one month and they begin with the new employer on the first day of the following month or the first working day of the following month.

When an employee transfers from one PEBB 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.

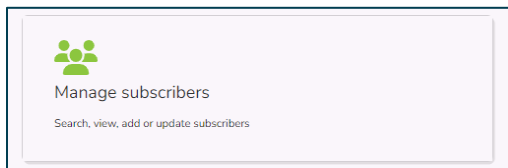
Exception: Employees “transferring” from a Medical Only employer group to a full benefits employer group may elect dental, supplemental life insurance, and will be defaulted into basic life, employer-paid LTD, 60% employee-paid LTD. The employee may reduce or decline the employee-paid LTD.



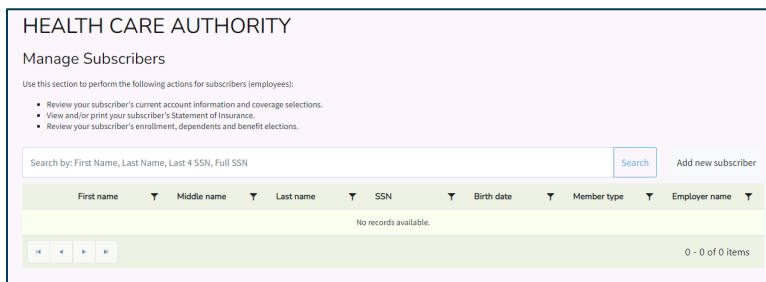
Employees cannot be transferred between the PEBB Program and the SEBB Program.
Do not use the transfer option if you are not sure the employee is transferring. Terminate the employee instead. The gaining agency will claim the account and if the employee is a transfer, the system will continue the employees current elections.

Losing agency

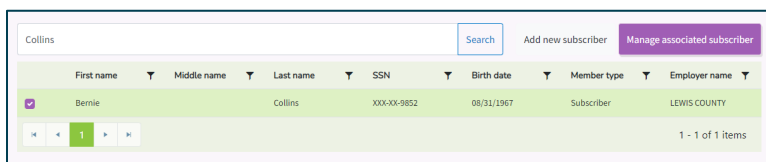
- From the Admin dashboard, select the ‘Manage subscribers’ tile.



- Enter the employees 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’.



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

Manage eligibility information

Last name* Collins First name* Bernie Middle name SSN* 852-65-9852

Suffix JR, SR Birth date* 08/31/1967 Sex assigned at birth* Male Gender identity* Male

Eligibility reason* Newly Eligible Member Date of Eligibility* 05/06/2023 Mail-stop (region)

Employee monthly gross salary* \$3,568.00 Hire date* 05/03/2023 Wellness participant: No

Is this employee represented?* No Employee eligible for LTD* Yes

Eligible for SEBB Benefits

Terminate/Transfer subscriber:

Termination/Transfer Reason

5. Scroll down to the Termination/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 Agency

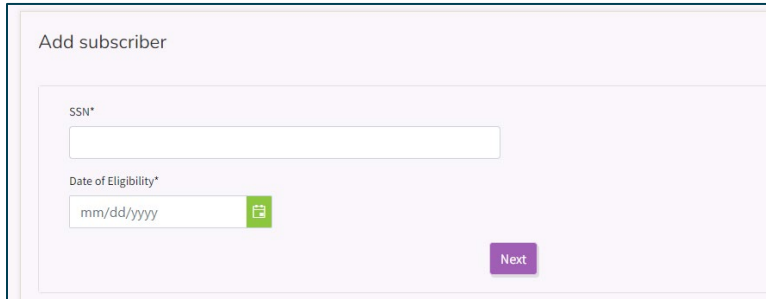
Note: The employee is considered a transfer if their first day of work with the gaining agency is the first day of the month or the first working day of the month following the termination of benefits.

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

 Manage subscribers

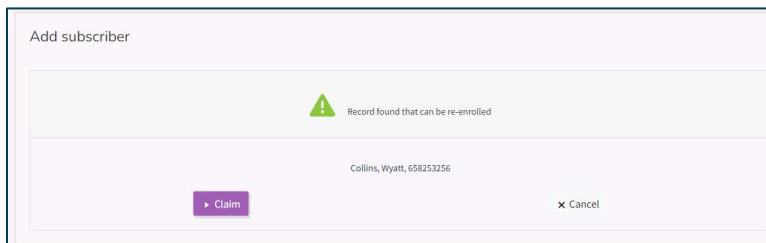
Search, view, add or update subscribers

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



The screenshot shows a form titled "Add subscriber". It has two input fields: "SSN*" and "Date of Eligibility*". The "Date of Eligibility*" field has a calendar icon. A purple "Next" button is located at the bottom right of the form.

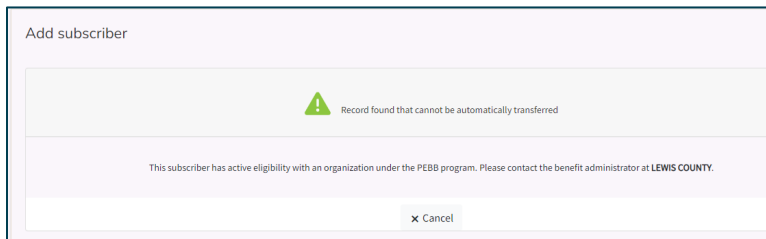
3. If the record has been transferred or terminated by the losing agency, claim the record.



The screenshot shows a form titled "Add subscriber" with a warning message: "Record found that can be re-enrolled". Below the message, the text "Collins, Wyatt, 658253256" is displayed. There are two buttons: a purple "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.



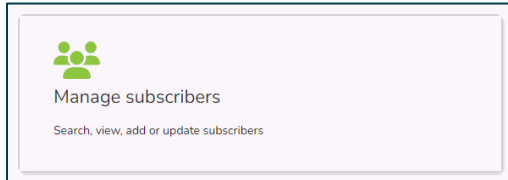
The screenshot shows a form titled "Add subscriber" with a warning message: "Record found that cannot be automatically transferred". Below the message, the text "This subscriber has active eligibility with an organization under the PEBB program. Please contact the benefit administrator at LEWIS COUNTY." is displayed. A grey "Cancel" button is located at the bottom center of the form.

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.

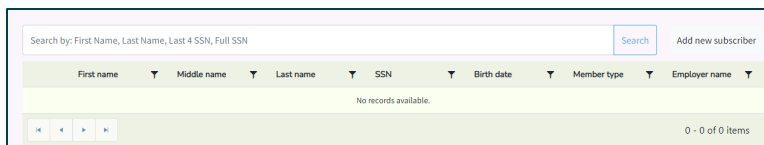
Terminate an employee

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.

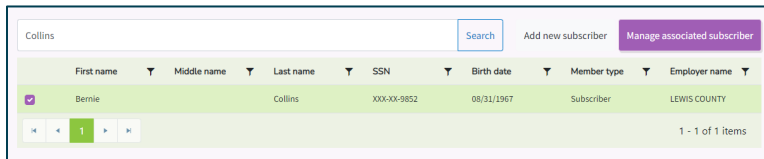
1. From the Admin dashboard select the 'Manage Subscribers' tile.



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 employee's Eligibility tab.

5. 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.

Terminate/Transfer subscriber:

Termination/Transfer Reason: Employment Ending/I

Termination effective date *: 05/31/2023

Are you sure you want to terminate coverage for this member? If this member is the primary subscriber on an account their dependent's coverage will be terminated as well.

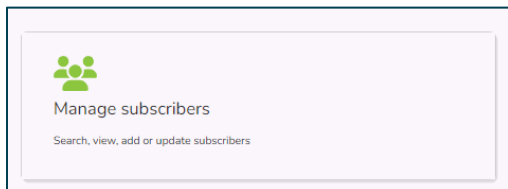
Submit changes

6. Select 'Submit changes'.

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 subscribers' 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.

Add subscriber

SSN*

Date of Eligibility*

mm/dd/yyyy

Next

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

Add subscriber

Record found that can be re-enrolled

Collins, Bernard, 654258523

Claim X Cancel

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

Add subscriber

Last name* Collins First name* Bernard Middle name SSN* 654-25-8523

Suffix JR, SR Birth date* 05/23/1959 Sex assigned at birth* Male Gender Identity* Male

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* 05/31/2023 Coverage Effective Date 06/01/2023

Is this employee represented?* Yes Effective start date* 04/21/2023 Employee eligible for LTD* Yes Employee monthly gross salary* \$2,536.00

Hire date* mm/dd/yyyy

Address line 1* 1010 Main Street

Address line 2 Unit #, Suite #

City* Olympia State/Province* WA County* Thurston Zip code* 98523

Country* United States

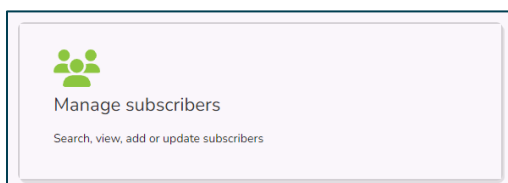
6. Select 'Submit'. The employee's account is reinstated with no break in coverage.

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.

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'.

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

4. 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.

6. Select 'Submit changes'.

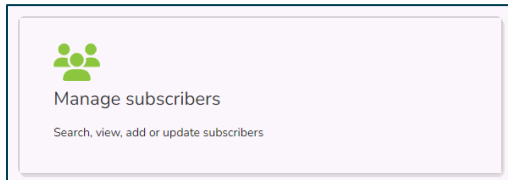
Temporary LTD Premium Waiver

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.

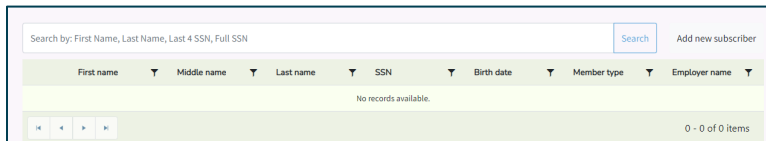
After 90 days, remove the waiver and start collecting the employee-paid LTD premiums.

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

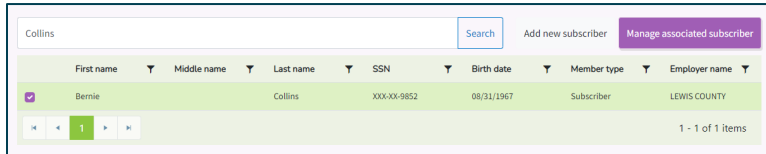
1. From the Admin dashboard select the 'Manage Subscribers' tile.



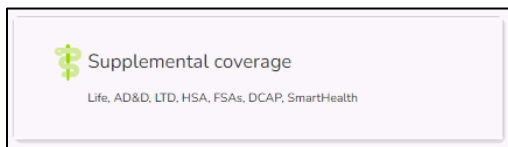
2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.



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



4. Select the 'Supplemental coverage' tile.



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 \$5,333 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.

Update an account

Update employee salary

State Agencies utilizing HRMS – Salary information will be updated through the GAP 9 file.

Higher Education Institutions – If you are not using Benefits 24/7 for LTD, you do not need to update salaries.

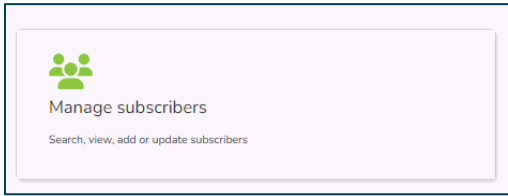
Medical Only Groups – You do not need to update salaries in Benefits 24/7.

Salary information must be kept up to date to ensure the LTD premiums are correctly calculated for the employee. Salaries should be updated immediately in Benefits 24/7 when there is a change to ensure the LTD premiums are correctly calculated and employees do not owe back premiums.

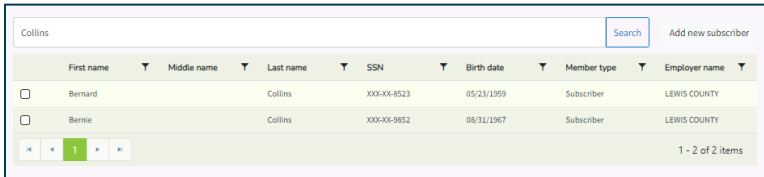
If the salary change has a retroactive date, contact Outreach and Training through [HCA Support](#).

Retroactive premiums for LTD must be manually calculated by HCA. Collecting incorrect premiums will affect an employee's claim.

1. Select the 'Manage subscribers' tile.



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

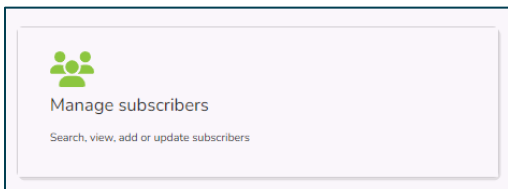


3. Select the 'Eligibility' tab. Update the 'Employee monthly gross salary'.

4. Select 'Submit'.

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'.

A search results table with the following columns: First name, Middle name, Last name, SSN, Birth date, Member type, and Employer name. The search term 'Collins' is entered in the search bar. Two results are shown:

	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

Page 1 of 2 items.

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

The search results table is shown with the first row selected. A purple button labeled 'Manage associated subscriber' is visible in the top right corner.

	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

Page 1 of 2 items.

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

A tile titled 'Tobacco Attestations' with a green leaf icon and the text 'Update your tobacco attestations'.

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

A section titled 'Select the member to update' showing two rows of member information:

+ Collins, Bernard	Tobacco use: Yes
+ Collins, Bernard	Tobacco use: Yes

A 'Next' button is located at the bottom right.

6. Change the attestation from 'Yes' to 'No' or from 'No' to 'Yes'. Enter the effective date of the change. Select 'Next'.

The 'Select the member to update' section is shown with the first row selected. The 'Tobacco use' status is now 'No'. A question box asks 'Does the tobacco use premium surcharge apply to this dependent?' with a radio button selected for 'No'. A 'Date of Change*' field is set to '05/24/2023'.

Does the tobacco use premium surcharge apply to this dependent?

Date of Change* 05/24/2023

+ Collins, Bernard Tobacco use: No

7. Review the Legal Notice.

Legal notice

- 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.

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

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.

[Previous](#) [Submit and return to dashboard](#)

8. Select 'Submit and return to dashboard'.

Update a social security number

The following organizations update employee SSN, ITIN or ATIN in your payroll system.

State Agencies utilizing HRMS – the updates will be transferred to Benefits 24/7 by the daily GAP 9 interface.

Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – A file feed will update the SSN.

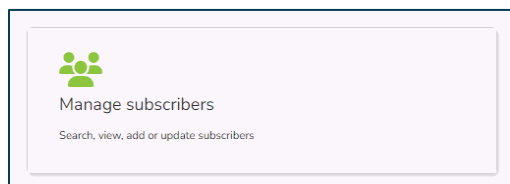
University of Washington – SSNs will be updated through a daily file from Workday. UW employees will not have access to Benefits 24/7.

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, ITIN, or ATIN 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 Administrator's 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'.

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

Update employee's SSN

1. Select the 'Eligibility' tab.

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

Manage eligibility information

Last name* First name* Middle name SSN*

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

Eligibility reason* Date of Eligibility* Mail-stop (region)

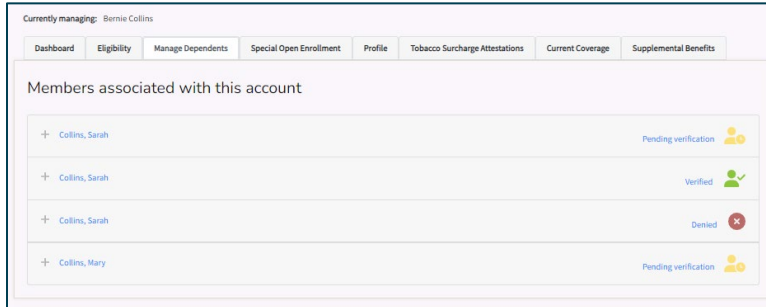
Employee monthly gross salary* Hire date* Wellness participant:

Is this employee represented** Effective start date* Employee eligible for LTD*

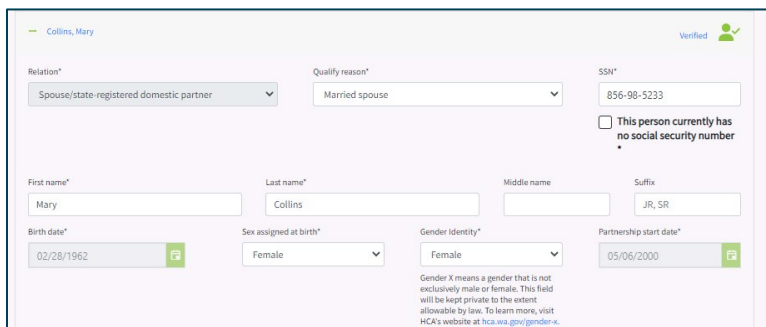
2. Make the change to the SSN or ITIN.
3. Select 'Submit'.

Update dependent's SSN

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



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

A screenshot of a web form for updating a dependent's information. The dependent is identified as 'Collins, Mary' and is marked as 'Verified'. The form includes several fields: 'Relation*' (Spouse/state-registered domestic partner), 'Qualify reason*' (Married spouse), 'SSN*' (856-98-5233), and a checkbox for 'This person currently has no social security number' which is unchecked. Below these are fields for 'First name*' (Mary), 'Last name*' (Collins), 'Middle name', and 'Suffix' (JR, SR). Further down are 'Birth date*' (02/28/1962), 'Sex assigned at birth*' (Female), 'Gender Identity*' (Female), and 'Partnership start date*' (05/06/2000). A small note at the bottom explains that Gender X is not exclusively male or female and will be kept private.

4. Select 'Submit Changes'.

Update address, phone number, or email

The following organizations update employee addresses in your payroll system.

State Agencies utilizing HRMS – the updates will be transferred to Benefits 24/7 by the daily GAP 9 interface.

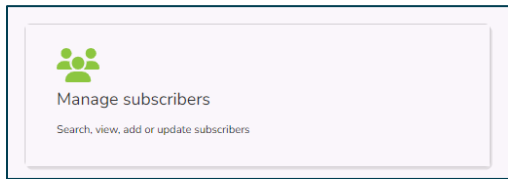
Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – The file feed will update the information.

University of Washington – The information will be updated through a daily file from Workday. UW employees will not have access to Benefits 24/7.

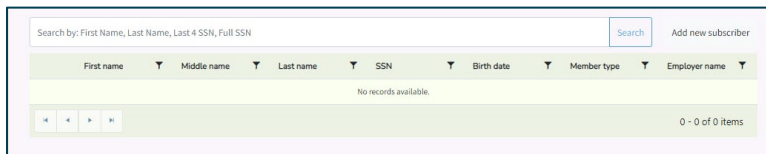
Employees can update their email address and phone numbers in Benefits 24/7.

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 employee's address is corrected in both the payroll system and in Benefits 24/7.

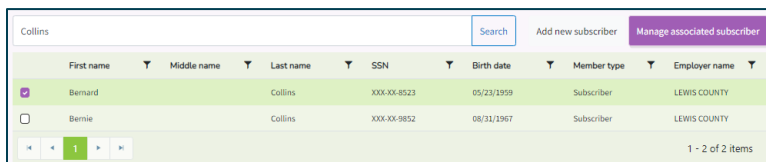
1. From the Administrator's Dashboard select the 'Manage Subscribers' tile.



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 employee's name. Select 'Manage associated subscriber'.



Update employee

1. Select the 'Eligibility' tab.

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

Manage eligibility information

Last name* Collins | First name* Bernard | Middle name | SSN* 654-25-8523

Suffix JR, SR | Birth date* 05/23/1959 | Sex assigned at birth* Male | Gender Identity* Male

Eligibility reason* Newly Eligible Member | Date of eligibility* 04/21/2023 | Mail-stop (region)

Employee monthly gross salary* \$2,536.00 | Hire date* 04/21/2023 | Wellness participant: No

Is this employee represented? Yes | Effective start date* 04/21/2023 | Employee eligible for LTD* Yes

Eligible for SEBB Benefits

Terminate/Transfer subscriber:
Termination/Transfer Reason

+ Medicare enrollment information
+ Contact information
+ Residential address
+ Mailing address

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:

Cell phone number:

Home 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.).

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

— Residential address

Address line 1*:

Address line 2:

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

Country*:

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

Update dependent

1. Select the ‘Manage dependents’ tab.

Members associated with this account

+ Brothers, Sarah 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*:

Address line 2:

City*: State/Province*: Zip code*:

3. Select ‘Submit Changes’.