

2022 School Employee Change Form

Please use this form only if you are unable to use the online enrollment system, SEBB My Account.

The information written on this form replaces all enrollment and change forms previously submitted. Therefore, you must complete the entire form, including the dependent section for any children you want to continue to cover. Inaccurate, incomplete, or illegible information may delay coverage.

To make changes during annual open enrollment or a special open enrollment, go to SEBB My Account or submit this form to your payroll or benefits office.

Benefits differ for employees whose eligibility was locally negotiated under WAC 182-30-130(6). See *Eligibility and enrollment* at hca.wa.gov/sebb-employee for details.

Starting January 1, 2022, all members who are eligible for enrollment in both the SEBB Program and Public Employees Benefits Board (PEBB) Program are limited to enrolling in health plans through either the SEBB Program or the PEBB Program. Subscribers must choose enrollment through one program or the other in medical, dental, and vision plans (SEBB Program) or medical and dental plans (PEBB Program). Choosing some SEBB plans and some PEBB plans is no longer allowed.

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

! Remember to read and sign Section 7. To add children, complete Section 9 on pages 12 and 13.

1

Account changes and special open enrollment

Date of event/change

Changes you can make anytime

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

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

Street address

Address line 2

City

State

ZIP/Postal code

County

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

All changes become effective January 1 of the following year.

Check the boxes next to the change requested.

Add dependents

Change vision plan

Remove dependents

Enroll after waiving medical coverage

Change medical plan

Waive medical due to enrollment in other employer-based group medical, a TRICARE plan, or Medicare.

Change dental plan

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

The SEBB Program only allows changes outside of annual open enrollment when an event creates a SOE. The changes must be allowable under the Internal Revenue Code and Treasury regulations and correspond to and be consistent with a SOE event for the employee, a dependent, or both. You are required to provide proof of the event. Your payroll or benefits office

2022 School Employee Change

Subscriber's last name

Social Security number

must receive this form and proof of the event **no later than 60 days** after the event occurs. In most cases, enrollment or change will be effective the first day of the month following the later of the event date or the date this form is received.

What changes are you requesting? Check the box next to the change you are requesting and the matching event below.

Add dependents

Remove dependents

Change medical plan

Change dental plan

Change vision plan

Enroll after waiving medical coverage

Waive medical coverage due to enrollment in other employer-based group medical, a TRICARE plan, or Medicare.

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

Employee has a change in employment status that affects the employee's eligibility for their employer contribution toward their employer-based group health plan.

Employee's dependent has a change in their own employment status that affects their eligibility for the employer contribution under their employer-based group health plan.

Employee or a dependent becomes entitled to or loses eligibility for Medicaid or Children's Health Insurance Program (CHIP).

Marriage, registering a state-registered domestic partner (SRDP) as defined by Washington Administrative Code (WAC) 182-31-140, birth, adoption, or assuming legal obligation for total or partial support in anticipation of adoption. You must also submit a *2022 SEBB Declaration of Tax Status* if adding a state-registered domestic partner or their child to indicate whether the dependent qualifies as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b). **Note:** A health plan change is not allowed when adding an SRDP or their child if they are not a tax dependent.

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

Child becomes eligible as an extended dependent through legal custody or legal guardianship. Also submit a *2022 SEBB Extended Dependent Certification*.

Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance as defined by the Health Insurance Portability and Accountability Act (HIPAA).

Employee or dependent becomes eligible for a state premium assistance subsidy for a SEBB health plan from Medicaid or a state CHIP.

2022 School Employee Change

Subscriber's last name

Social Security number

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

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

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

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

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

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

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

Employee's or dependent's current health plan becomes unavailable because the employee or dependent is no longer eligible for a health savings account (HSA).

Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent for a specific condition or ongoing course of treatment (requires approval by the SEBB Program).

Employee has a change in employment from one school district (or any educational service district or any charter school) to another school district that results in the employee having different medical plans available.

Employee or dependent has a change in residence that affects health plan availability.

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

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

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

Employee becomes entitled to and enrolls in Medicare or loses eligibility for Medicare.

2022 School Employee Change

Subscriber's last name

Social Security number

2

Subscriber

Social Security number

Date of birth

Sex assigned at birth¹

Male Female

Last name

Gender identity²

Male Female X

First name

Middle initial Suffix

Phone number

Alternate phone number

Street address

Address line 2

City

State

ZIP/Postal code

County

Mailing address (if different from above)

Mailing address line 2

City

State

ZIP/Postal code

County

Choose one box for each type of coverage.

Medical coverage

Cover

Waive

Dental coverage

Cover

Waive (Dental can only be waived if subscriber enrolls in PEBB medical and PEBB dental.)

Vision coverage

Cover

Waive (Vision can only be waived if subscriber enrolls in PEBB medical and PEBB dental.)

! You can waive SEBB medical coverage if you are enrolled in other employer-based group medical, a TRICARE plan, or Medicare. However, you must enroll in SEBB dental, vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and, if applicable, employer-paid long-term disability (LTD) insurance. Enrollment in employee-paid LTD insurance is automatic. However, you can choose a lower cost coverage level or decline coverage. If you waive medical coverage for yourself, you cannot enroll your dependents in SEBB medical coverage.

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

Yes

No

! If yes, please contact your payroll or benefits office for help. Starting January 1, 2022, all members are limited to enrolling in health plans through either the SEBB Program or the PEBB Program.

¹ This field is required for health care services.

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

2022 School Employee Change

Subscriber's last name

Social Security number

Tobacco use premium surcharge

Response required if enrolling in medical coverage. 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 health, see more information in SEBB Administrative Policy 91-1 at hca.wa.gov/sebb-rules.

If you check **Yes** or do not check any boxes below, you will be charged the \$25 premium surcharge. For instructions on how to respond, see the *2022 SEBB Premium Surcharge Attestation Help Sheet* on HCA's website at hca.wa.gov/sebb-employee under *Forms & publications*. To change your attestation, use SEBB My Account or the *2022 SEBB Premium Surcharge Attestation Change form*.

Does the tobacco use premium surcharge apply to you? Check one:

Yes, I am subject to the \$25 premium surcharge. I have used tobacco products in the past two months. If this is a change to a previous attestation, submit the *SEBB Premium Surcharge Attestation Change Form*.

No, I am not subject to the \$25 premium surcharge. I have not used tobacco products in the past two months, or I have enrolled in or accessed the tobacco cessation resources noted in the *2022 SEBB Premium Surcharge Attestation Help Sheet*.

2022 School Employee Change

Subscriber's last name

Social Security number

3

Spouse or state-registered domestic partner (SRDP)

List an eligible spouse or SRDP you wish to add or remove from medical, dental, or vision coverage. State-registered domestic partner is defined in WAC 182-31-020. To add children, please complete Section 9, located at the end of the form. A health plan change is not allowed when adding an SRDP if they are not a tax dependent.


You must provide proof of your spouse or SRDP's eligibility within the SEBB Program's timelines, or they will not be enrolled. Timelines and a list of acceptable documents to verify eligibility are available on HCA's website at hca.wa.gov/sebb-employee.

If your spouse or SRDP is eligible to enroll in both the PEBB and SEBB Programs, they are limited to enrolling in SEBB medical, dental, and vision or enrolling in PEBB medical and dental. If they are a SEBB employee who waives SEBB medical for PEBB medical, they must also enroll in PEBB dental coverage.

Relationship to subscriber. Choose one.

Spouse: Date of marriage (mm/dd/yyyy):

SRDP: Date registered (mm/dd/yyyy):

 If enrolling an SRDP, also submit a *2022 SEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).

Social Security number

Date of birth

Sex assigned at birth¹

Last name

Male Female
Gender identity²

First name

Male Female X
Middle initial Suffix

Phone number

Alternate phone number

Street address (if different from subscriber's)

Address line 2

City

State

ZIP/Postal code

County

Choose one box for each type of coverage.

Medical coverage

Add to coverage

Remove from coverage

Dental coverage

Add to coverage

Remove from coverage

Vision coverage

Add to coverage

Remove from coverage

If removing from coverage, include reason:

1 This field is required for health care services.

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

2022 School Employee Change

Subscriber's last name

Social Security number

Tobacco use premium surcharge

Response required if enrolling your spouse or state-registered domestic partner in medical coverage. If you check **Yes** or do not check any boxes below, you will be charged the \$25-per-account tobacco use premium surcharge in addition to your monthly medical premium.

Does the tobacco use premium surcharge apply to you? Check one.

Yes, I am subject to the \$25 premium surcharge. This person has used tobacco products in the past two months. If this is a change to a previous attestation, submit the *SEBB Premium Surcharge Attestation Change form*.


No, I am not subject to the \$25 premium surcharge. This person has not used tobacco products in the past two months or has enrolled in one of the tobacco cessation resources noted in the *2022 SEBB Premium Surcharge Attestation Help Sheet*.

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

Response required if you are enrolling your spouse or SRDP in medical coverage. The SEBB Program requires a \$50 premium surcharge in addition to your monthly medical premium if you are enrolling your spouse or state-registered domestic partner in SEBB medical and they have chosen not to enroll in another employer-based group medical that is comparable to PEBB's Uniform Medical Plan (UMP) Classic. See the *2022 SEBB Premium Surcharge Attestation Help Sheet* for instructions on how to respond.

Does the spouse or state-registered domestic partner coverage surcharge apply to you? Check one.

Yes, I am subject to the \$50 premium surcharge. I used the *SEBB Premium Surcharge Attestation Help Sheet* and, if needed, completed the *SEBB Spousal Plan Calculator*.

 If you check Yes or do not check any boxes below, you will be charged the \$50 premium surcharge in addition to your monthly medical premium.

No, I am not subject to the \$50 premium surcharge. I used the *SEBB Premium Surcharge Attestation Help Sheet* and, if needed, completed the *SEBB Spousal Plan Calculator*. Which questions on the *SEBB Premium Surcharge Attestation Help Sheet* did you check **No**? Check all that apply.

Question 2


Question 3

Question 4

Question 5

Question 6

Employer to help determine if premium surcharge applies. I used the *SEBB Premium Surcharge Attestation Help Sheet* and am completing and submitting a printed *SEBB Spousal Plan Calculator*. My employer will use these to determine whether my spouse's or state-registered domestic partner's employer-based group medical is comparable to the PEBB's UMP Classic plan and whether I am subject to this premium surcharge.

 The *2022 SEBB Premium Surcharge Attestation Help Sheet* and the *2022 SEBB Spousal Plan Calculator* are available on HCA's website at hca.wa.gov/sebb-employee under *Forms & Publications*.

4

Medical plan selection

Choose one medical plan.

Kaiser Foundation Health Plan of the Northwest¹

Kaiser Permanente NW 1
Kaiser Permanente NW 2
Kaiser Permanente NW 3

Kaiser Foundation Health Plan of Washington

Kaiser Permanente WA Core 1
Kaiser Permanente WA Core 2
Kaiser Permanente WA Core 3
Kaiser Permanente WA SoundChoice²

Kaiser Foundation Health Plan of Washington Options, Inc.

Kaiser Permanente WA Options Access PPO 1
Kaiser Permanente WA Options Access PPO 2
Kaiser Permanente WA Options Access PPO 3

Premiera Blue Cross

Premiera High PPO
Premiera Peak Care EPO
Premiera Standard PPO

**Uniform Medical Plan (UMP),
administered by Regence BlueShield**

UMP Achieve 1
UMP Achieve 2
UMP High Deductible
UMP Plus–Puget Sound High Value Network
UMP Plus–UW Medicine Accountable Care Network



Information about medical plan options can be found on HCA's website at hca.wa.gov/sebb-employee. Contact the plans with questions about benefits and provider information. (Contact information is on page 11 of this form.) Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the health plan to check.

These plans have specific service areas. You must live or work in the medical plan's service area to enroll in the plan. All school employees are offered a selection of plans based on their county of residence or the county where their school district, charter school, or educational service district is based. If you work in a district that crosses county lines, you will want to identify all counties that your school district is located in to see all plan options available to you. Exception: To enroll in a UMP Plus plan, you must live in the service area.

If you move out of the medical plan's service area or change jobs to a different district, charter school, or educational service district (represented employees only), you may need to change plans. You must report your new address and any request to change your health plan to your payroll or benefits office **no later than 60 days** after your move.

¹ Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

² Not all Kaiser Permanente contracted providers in Spokane County are in the SoundChoice network. Please make sure your provider is in-network before you visit.

2022 School Employee Change

Subscriber's last name

Social Security number

5

Dental plan selection

Choose one dental plan in this section. Before you enroll, make sure the provider you want to use accepts the specific plan and group you choose. If you do not select a dental plan, you will be automatically enrolled in Uniform Dental Plan (Group #09600).

Preferred Provider Organization (PPO)

Uniform Dental Plan (Group #09600), administered by Delta Dental of Washington

You can choose any dental provider and change providers at any time. Your out-of-pocket costs will be lower if you use a preferred provider.

Managed-care plans (limited network)

DeltaCare (Group #09601), administered by Delta Dental of Washington. You must select a primary care dentist in the DeltaCare network.

Willamette Dental Group of Washington (Group WA 733), administered by Willamette Dental of Washington, Inc. You will select and receive care from a primary care dental provider in the Willamette Dental Group network.

6

Vision plan selection

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

Davis Vision, underwritten by HM Life Insurance Company

EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company

MetLife Vision, underwritten by Metropolitan Life Insurance Company ("MetLife")



Carrier contact information is on page 11.

2022 School Employee Change

Subscriber's last name

Social Security number

7

Signature

By submitting this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in the SEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plans or premiums paid on my behalf. My dependents and I may also lose SEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the SEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility. 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 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 of any dependent is not complete until the SEBB Program verifies the eligibility of my dependents. I understand that if I am applying to add a dependent to my SEBB insurance coverage, I must provide copies of documents that prove the dependent's eligibility within the SEBB Program's enrollment timelines, or the dependent will not be enrolled.

Eligible employees must enroll in SEBB dental, vision, basic life, basic accidental death and dismemberment, and employer-paid long-term disability insurance. Enrollment in employee-paid LTD insurance is automatic. Employees can choose a lower cost coverage level or decline coverage¹.

Employees that elect to waive SEBB medical coverage 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 annual open enrollment or **no later than 60 days** after a special open enrollment event as defined in the SEBB Program rules. If I waive medical coverage for myself, I cannot enroll my eligible dependents in medical coverage.

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 any applicable tobacco use premium surcharge and spouse or SRDP coverage premium surcharge in addition to my monthly premium.

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

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

This form replaces all enrollment forms previously submitted. Any changes made on SEBB My Account or SEBB enrollment or change forms submitted and dated later than this form will replace this enrollment form.

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

Subscriber's signature

Date



Continue to Section 9 to add or remove dependents.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact your payroll or benefits office.

HCA's Privacy Notice: HCA will keep your information private as allowed by law. To see our Privacy Notice, go to hca.wa.gov/sebb-employee.

¹ Not available to employees whose eligibility was locally negotiated under Washington Administrative Code (WAC) 182-30-130(6).

2022 School Employee Change

Subscriber's last name

Social Security number

8

Employer

This section to be completed
by a school district, charter
school, or educational service
district benefits administrator

HCA Code

Organization number

Organization name

Organization name continued

Type of organization

School district

Charter school

Educational service district

Eligibility date

Eligibility: Check one

Subscriber is SEBB-eligible

Subscriber is locally eligible

Effective date

2022 SEBB Program contractors



Do not send forms to the addresses below. This information is only for your reference.

Medical contractors

Kaiser Foundation Health Plan of the Northwest

500 NE Multnomah St., Suite 100
Portland, OR 97232-2099
1-800-813-2000 (TRS: 711)

Kaiser Foundation Health Plan of Washington

1300 SW 27th Street
Renton, WA 98057
1-888-901-4636
TTY: 1-800-833-6388 (TRS: 711)

Kaiser Foundation Health Plan of Washington Options, Inc.

1300 SW 27th Street
Renton, WA 98057
1-888-901-4636
TTY: 1-800-833-6388 (TRS: 711)

Premiera Blue Cross

PO Box 91059
Seattle, WA 98111-9159
1-800-807-7310
TTY: 1-800-842-5357 (TRS: 711)

Uniform Medical Plan, administered
by Regence BlueShield (for medical
benefit questions)

PO Box 2998
Tacoma, WA 98401
1-800-628-3481 (TRS: 711)

Uniform Medical Plan, administered
by Washington State Rx Services (for
prescription drug questions)

PO Box 40168
Portland, OR 97240-0168
1-888-361-1611 (TRS: 711)

Dental contractors

DeltaCare, administered by Delta
Dental of Washington

400 Fairview Ave. N., Suite 800
Seattle, WA 98109-5371
1-800-650-1583
TTY: 1-800-833-6384

Uniform Dental Plan, administered by
Delta Dental of Washington

400 Fairview Ave. N., Suite 800
Seattle, WA 98109-5371
1-800-537-3460
TTY: 1-800-833-6384

Willamette Dental of Washington, Inc.

6950 NE Campus Way
Hillsboro, OR 97124-5611
1-855-4DENTAL
(1-855-433-6825)
(TRS: 711)

Vision contractors

Davis Vision Inc., underwritten by HM
Life Insurance Company

Vision Care Processing Unit
PO Box 1525
Latham, NY 12110
1-877-377-9353
TTY: 1-800-523-2847

EyeMed Vision Care, underwritten
by Fidelity Security Life
Insurance Company

4000 Luxottica Place
Mason, OH 45040
1-800-699-0993
TTY: 1-844-230-6498

Metropolitan Life Insurance Company (Vision Plan)

PO Box 385018
Birmingham, AL 35238-5018
1-833-854-9624
TTY: 1-800-428-4833

2022 School Employee Change

Subscriber's last name

Social Security number

9

Dependents

List eligible dependents you wish to add or remove from coverage. Enrolled children must be eligible under SEBB Program rules. This includes children through the month of their 26th birthday regardless of marital status, student status, or eligibility for coverage under another plan and dependent children age 26 or older with a disability. Timelines and a list of documents we will accept to verify eligibility are available on HCA's website at hca.wa.gov/sebb-employee. Use additional forms for more dependents.

If adding a state-registered domestic partner's child, extended dependent, or other nonqualified tax dependent, also attach a *2022 SEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b). A health plan change is not allowed when adding an SRDP's child if they are not a tax dependent.

If enrolling an extended dependent, attach a *2022 SEBB Extended Dependent Certification*, a valid court order showing legal custody or guardianship, and a *2022 SEBB Declaration of Tax Status*.

If enrolling a child with a disability (age 26 or older), also attach a *2022 SEBB Certification of a Child with a Disability* and submit it as instructed.



If your dependent is eligible to enroll in both the SEBB and PEBB Programs, they are limited to enrolling in SEBB medical, dental, and vision or enrolling in PEBB medical and dental. If they are a SEBB employee who waives SEBB medical for PEBB medical, they must also enroll in PEBB dental coverage.

Relationship to subscriber

Child

Stepchild (not legally adopted)

Extended dependent (attach a copy of court order)

Child with a disability age 26 or older

Social Security number

Date of birth

Sex assigned at birth¹

Male

Female

Last name

Gender identity²

Male

Female

X

First name

Middle initial

Suffix

Phone number

Alternate phone number

Street address

Address line 2

City

State

ZIP/Postal code

County

¹ This field is required for health care services.

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

2022 School Employee Change

Subscriber's last name

Social Security number

Choose one box for each type of coverage.

Medical coverage

Add to coverage

Remove from coverage

Dental coverage

Add to coverage

Remove from coverage

Vision coverage

Add to coverage

Remove from coverage

If removing from coverage, include reason:

Tobacco use premium surcharge

Response required for dependents age 13 and older enrolling in medical coverage.

If you check **Yes** or do not check any boxes below, you will be charged the \$25-per-account tobacco use premium surcharge in addition to your monthly medical premium.

Does the tobacco use premium surcharge apply to you? Check one:

Yes, I am subject to the \$25 premium surcharge. This dependent has used tobacco products in the past two months. If this is a change to a previous attestation, submit the *SEBB Premium Surcharge Attestation Change Form*.

No, I am not subject to the \$25 premium surcharge. This dependent has not used tobacco products in the past two months or has enrolled in or accessed one of the tobacco cessation resources noted in the *2022 SEBB Premium Surcharge Attestation Help Sheet*.



Use additional forms to list more dependents.