# Benefits 24/7 – Adding a dependent

https://benefits247.hca.wa.gov

#### 1) Click on open enrollment banner

Open Enrollment Dashboard:



2) Select yes to add new dependents

		Open En	rollment		
		10/28/2024 for coverag	- 11/25/2024 e Jan 1, 2025		
*			<i>e</i> *9		
Dependents	Upload	Coverage	Attestations	Supplemental Benefits	Confirmation
Step 1 - Dependents					
Step 1 - Dependents Current Dependents No dependents on the acc	dents:				
Step 1 - Dependents Current Dependents No dependents on the acc	dents: count Do you hav	ve dependent	s to add to yo	our account?	

3) Enter dependent's information (name, social security number, date of birth, gender, relationship, qualifying reason)

<ul> <li>Demographics</li> </ul>			
	Dependent info	ormation	
You may enroll your legal spous	e, state-registered domestic partner, or your children.	. If your dependent is e	ligible to enroll in both the PEBB and SEB
Programs, they are limited to a	single enrollment in either PEBB or SEBB health plans	s as described in WAC 1	82-31-070.
State-registered domestic partr jurisdiction that is substantially	ner is defined in WAC 182-31-020. State-registered dom requivalent to a domestic partnership in Washington S	nestic partners include State. Individuals in sta	partners of a legal union from another te-registered domestic partnerships are to
the same as legal spouses excep	pt when in conflict with federal law.		
Children must be eligible under status or eligibility for coverage	SEBB Program plan, and children age 26 or older with	ne montal na disability. Learn mo	hirthday, regardless of marital status, stu result of the status of the
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When adding dependency you	must provide proof of their eligibility within the SEBB	Program's enrollment	timelines, or they way the enrolled.
When adding dependent, you Dependent children with a disa and a list of the auments we will	must provide proof of their eligibility within the SEBB bility who are over the age of 26 must be certified by t accept to verify eligibility are available on HCA's webs	Program's enrollment he SEBB Program befo ite under Verify and en	timelines, or they when the enrolled. re they can be enrolled in complete. Timel roll my dependents.
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4) Click Let's add coverage to your dependent

Address line 1		
Street #, Street		
Address line 2		
Unit #, Suite #		
City*	State/Province*	Zip code*
	•	•
	Δ 🖌 💼	Let's add coverage to your
Enrollments		
Enrollments		
Enrollments Tobacco attestations		
Enrollments Tobacco attestations		
Enrollments Tobacco attestations Spouse/State-registered partner attestation		
Enrollments Tobacco attestations Spouse/State-registered partner attestation Dependent review		

5) Select coverages to add your dependent on

Enrollments					
	5	Choose bene	efits		
Which benefits would	d you like to er al t	his dependent	Medical	🔽 Dental	Vision
in?					
in? Cancel ad	ding dependent	6	Let's make ti	tobacco attestatic nis dependent	ons for
Cancel ad	ding dependent	6	Let's make ti	tobacco attestatic nis dependent	ons for

6) If medical coverage is selected then click on Let's make tobacco attestations for this dependent

+ Demographics	
+ Enrollments	
<ul> <li>Tobacco attestations</li> </ul>	
Tobacco use	e premium surcharge attestation
Attest to whether the surcharge below applies to this dep	endent by checking the appropriate box. Then select the button below to continue.
Learn about this surcharge before you make your attestat monthly medical premium if you or an enrolled depender within the past two months except for religious or ceremo Tobacco products are any product made with or derived f accessory of a tobacco product. This includes, but is not li Tobacco products do not include e-cigarettes or United St replacement products recommended by a doctor, or pres If a provider finds that ending tobacco use or participating health, see more information in the SEBB Program Admin If you check Yes in this section, you will be charged the \$2	ion. The SEBB Program requires a \$25-per-account premium surcharge in addition to your th (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products onial use. irom tobacco that is intended for human consumption, including any component, part, or imited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. tates Food and Drug Administration (FDA) approved quit aids, such as, over-the-counter nicotine cription nicotine replacement products. g in your medical plan's tobacco cessation program will negatively affect your or your dependent's histrative Policy 91-1. 5 premium surcharge.
Does the tobacco use premium surcharge apply to this dependent? Select Yes or No	<ul> <li>Yes, I am subject to the \$25 premium surcharge. This dependent has used obacco products in the past two months.</li> <li>Io, 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).</li> </ul>
	Proceed to dependent review

- 7) Select option to verify if dependent uses tobacco
- 8) Click on Proceed to dependent review

#### 9) Click on Save and finish this dependent



10) Select Yes to add additional dependents or No if no additional dependents to add

#### 11) Click Next

### 12) If adding a spouse, answer spousal premium surcharge questions

	Spouse/State-registered partner attestation
	Spouse or state-registered domestic partner (SRDP) coverage premium surcharge
1	A \$50 premium surcharge may apply if you have a spouse or SRDP enrolled on your medical coverage. Inswer Yes or No to Questions 2 through 6 below. Learn about this surcharge before you make your attestation.
	1. Are you covering your spoules : Oxform a SEBB medical plan in 2025?     No       Ves     No
	2. Will they be eligible for medical coverage through their employer in 2025? (If they will not be employed in 2025, answer NO.) Yes No
	• Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2025
	No, the spouse or state-registered domestic partner coverage surmary does not apply in 2025.
	+ Dependent review

- 13) Click Next
- 14) Click Let's upload eligibility documents for your dependent(s)

#### Dependent review

Please review the information below for accuracy. Click "edit dependent" if you need to add or remove coverage, or make changes to tobacco & spousal surcharges.

Doe, John DOB: 01/01/2010 Child	Medical: Dental: Vision:	Enrolled Enrolled Enrolled	Tobacco use: Spousal surcharge:	No Not applicable	Edit dependent
Provide proof:					
or each dependent added, you must prov lependents for a list of acceptable docume	ide proof of dependent's ents. You can upload you	eligibility within the S r documents in the nex	EBB program's enrollment timelines at section.	or your dependent will not be enro	lled. See Verify and enroll my
Fobacco and/or Spousal Atte	station Confirm				
_egal Notice					
selecting the Submit button below:					
<ul> <li>I declare that the information I have I declare that one (or move) of the c partner coverage premium surchars I am replacing all Premium Surchars Achange that results in a premium inst of the month, the change to the Achange that results in removing to older, or have accessed information the change to the surcharge begins</li> </ul>	provided is true, compli- rcumstances described. e, and that I'm reporting e Attestation Change fo- surcharge will begin the surcharge begins on tha e premium surcharge (y and resources at Smoke on that day.	ete, and correct. If it is above occurred that re g it within the SEBB Pro rms, and electronic suu first day of the month f at day. ou or your dependents free Teen if age 13 to 1	it or if I do not provide timely, updal quires the subscriber to change their gram's deadlines. charge attestations previously submi ollowing the status change (the date stopped using tobacco products, en 7) will begin the first day of the mont	ted information, the subscriber will attestation to the tobacco use and/ itted. you or your dependents started usi rolled in your SEBB medical plan's t h following receipt of the attestatio	be charged premium surcharge(s). for spouse or state-registered domestic ing tobacco products). If that day is the tobacco cessation program if age 18 or n. If that day is the first day of the month,
exception: If you are required to attest to the	e premium surcharges o	during the SEBB Progra	m's annual open enrollment, any cha	anges will become effective Januar	y 1 of the following year.
CA's privacy notice: We will keep your infe	ormation private as allow	ved by law. See our priv	acy notice.		
		•	14		
				Lands and a start of a	Provide source of the second second second second (s)

### 15) Click Select files... to add dependent verification documents

Guid	Jelines
Verifyi we car	ng (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 depe anot prove their eligibility by the required deadline. We reserve the right to check a dependent's eligibility at any time.
All doo You ca	cuments 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 in upload your documents below or give them to your payroll or benefits office.
Accep	ted dependent verification documents by dependent type.
To e	enroll a spouse:
•	The most recent year's federal tax return (black out financial information), either: <ul> <li>A single return that lists you and your spouse, if you field jointly.</li> <li>Each return for you and your spouse, if field separately.</li> </ul> Amariage 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, dated within the last months showing both your and your spouse's names (black out any financial information). If within six months of marriage, only the marriage certificate is required If using a utility bill, separate with the same address are allowed. Petition for dissolution, puttion 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 e	enroll a state-registered domestic partner:
in add	ition to one of the following, also upload the SEBB Declaration of Tax Status (to indicate whether they qualify as a dependent for tax purposes). Provide a copy of (choose one):
•	Certificate/card of a state-registered domestic partnership or a legal union and proof the partnership is still valid (you do not have to live together), such as a utility bill, life insurance beneficiary document, or bank statement dated within the last six months showing both your and your partner's names (black out any financial information). If within six months of state registration, only th certificate/card is required. If using a utility bill, separate bills with the same address are allowed. Petition to invalidate (annul) (recently filed, within the last six months) a state-registered domestic partnership.
More i	nformation can be found in SEBB Program Administrative Policy 33-1.
If you	are enrolling a partner of a legal union also provide: Proof of Washington State residency for both you and your partner.
Additi	onal dependent verification documents may be required within one year of the partner's enrollment for them to remain enrolled.
To e	enroll children:
Provid	le a copy of (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 e 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 in order to enroll the child, even if not enrolling the spouse or registered domestic partner in SEBB insurance coverage. Certificate or decree of adoption showing the name of the parent who is 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
Unle	elect files Drop files here to a
Maxim	Hills trace off Tarve Pre 10mb 100 Proceed to elect coverage

16) Click Proceed to elect coverage

#### 17) Check box for desired Medical plan or Waive medical plan





#### 18) Check box for desired Dental plan



#### 19) Check box for desired Vision plan



Back to dashboard



\*\*\*Please note that the images provided are examples only and not suggestions for selections \*\*\*

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- 22) Select Yes if you use tobacco and No if you do not use tobacco
- 23) Click Next

## 24) Read Legal notice and click Next

		Lega	l notice		
By selecting t I decla timely I decla that I'n I am rr electro I unde status I unde montf begins	the Next button below are that the informatio are that one (or more m reporting it within eplacing all SEBB Pre onic surcharge attest erstand that changes ic change. If that day is erstand that changes a fater receipt of the a s on that day.	w: on I have provided is: n, I will owe surcharg ) of the events require the SEBB Program's or mium Surcharge Atte ations previously sub that result in a premit ; the first of the month that result in removin attestation. If that day	true, complete, and cor es to the SEBB Program es an attestation change deadlines. station Change forms, e mitted. um surcharge will begin h, the change to the sur g the premium surchar is the first day of the m	rrect. If it isn't, or if I do n. e to the premium surch enrollment form attesta n the first day of the mo rcharge begins on that o rge will begin the first d nonth, the change to the	not provide arges, and ations, and nth after the day. ay of the e surcharge
Exception: If enrollment, a HCA's privacy	you are required to a any changes will becc y notice: We will keep	ttest to the premium : ome effective January your information priv	surcharges during the S 1 of the following year vate as allowed by law.	SEBB Program's annual r. See our privacy notice.	open
Exception: If enrollment, a HCA's privacy Previous Click Cor	you are required to a any changes will becc y notice: We will keep nfirm and upload	ttest to the premium some effective January your information priv let's view s coverage	surcharges during the S 1 of the following year vate as allowed by law. Supplement Attestations	SEBB Program's annual See our privacy notice. 24 cal coverage Supplemental Benefits	open Nex e option Confirmatic

## 26) Review supplemental coverage

ep 5 - Supplemental Benefits		
Employee-paid long-term di	sability (LTD) insurance	
The SEBB Program offers employer-paid and em	nployee-paid LTD insurance.	
LTD insurance protects a portion of your salary if you become disabled.	f you are unable to work due to serious injury or illness. When yo	u enroll in LTD coverage, it pays you a percentage of your monthly predisability earnings if
To learn more about LTD benefits, visit the Long	rterm disability webpage.	
Employer-paid LTD insurance You are automatically enrolled in employer-paid	d LTD insurance, even if you waive medical coverage. You do not r	need to provide evidence of insurability (proof of good health).
<ul> <li>Benefit: 60 percent of the first \$667 of you</li> <li>Minimum: \$100 or 10 percent of the LTD b</li> <li>Maximum: \$400 per month</li> </ul>	ur predisability earnings. ɔenefit before deductible income (whichever is greater)	
Employer-paid LTD is included in your benefits a	at no cost to you.	
Employee-paid LTD		
You are automatically enrolled in a plan that cov maximum benefit is \$10,000 per month for the 6	vers up to 60 percent of the first \$16,667 of your monthly predisal 50-percent coverage and \$8,333 per month for the 50-percent cov	bility earnings. You do not need evidence of insurability. The minimum benefit is \$100. The verage.
At any time, you can reduce to a lower-cost 50-p	ercent coverage level or decline the employee-paid coverage.	
If you later decide to enroll in or increase covera	ge, you will have to provide evidence of insurability and be appr	oved by the insurer.
An increase in coverage takes effect the first day	of the month following the date evidence of insurability is appro	oved.
Employee-paid LTD cost These rates are based on the employee's age on	I January 1, of the current year.	
To use the monthly premium calculator, visit Th	e Standard's Calculator Tool. You can also view employee-paid L	TD premiums.
Select your LTD coverage		
C Employee-paid (60-perce	ent plan)	
Employee-paid (50-perce	ent plan)	
O Decline employee-paid LT	ĨD	
Fo calculate your monthly LTD premium yourself	f. use the formula below.	
our monthly predisability earnings (not to excee	ed \$16,667) x age rate = monthly premium.	
rour monthly predisability earnings (not to excee	ed \$16,667) x age rate = monthly premium.	
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Construction of the employee's age on or of the employee's age on or of the employee's age on or of the first calendar year of coverage. Age 0 to 29 0 to 34 0 to 44 0 to 44 0 to 44 0 to 54 0 to 54 0 to 59	ed \$16,667) x age rate = monthly premium. January 1 of the current year, except for employees who become 0.0009 0.0012 0.0018 0.0026 0.0035 0.0048 0.0058	e newly eligible. Newly eligible employees will be based on age as of their enrollment data <b>50-percent plan</b>
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Your monthly predisability earnings (not to exceed Employee-paid LTD rates These rates are based on the employee's age on lor for the first calendar year of coverage. Age 0 to 29 0 to 29 0 to 29 30 to 34 40 to 44 45 to 49 50 to 54 50 to 54 50 to 54 60 to 64 65 and older Life and accidental death & d	ed \$16,667) x age rate = monthly premium. January 1 of the current year, except for employees who become 60-percent plan 0.0009 0.0012 0.0012 0.0018 0.0026 0.0026 0.0058 0.0048 0.0058 0.0058 0.0060 0.0061 lismemberment (AD&D) insurance	e newly eligible. Newly eligible employees will be based on age as of their enrollment date <b>50-percent plan</b> 0.0006 0.0007 0.0010 0.0015 0.0015 0.0021 0.0029 0.0029 0.0036 0.0036 0.0037
Your monthly predisability earnings (not to exceed Employee-paid LTD rates These rates are based on the employee's age on for the first calendar year of coverage. Age 0 to 29 0 to 29 0 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 and older Life and accidental death & d Basic life and AD&D insurance the SEB Program provides basic life and basic A widence of insurality (proof of good health).	d\$16,667) x age rate = monthly premium.           January 1 of the current year, except for employees who become           60-percent plan           0.0009           0.0012           0.0018           0.0026           0.0035           0.0048           0.0058           0.0060           0.0061           lismemberment (AD&D) insurance           DxDD insurance at no cost to you. You will be automatically enror arm more about life and AD&D insurance.	e newly eligible. Newly eligible employees will be based on age as of their enrollment dat <b>50-percent plan</b> 0.0006 0.0007 0.0011 0.0011 0.0015 0.0021 0.0021 0.0023 0.0023 0.0036 0.0036 0.0036 0.0037 0.0037 0.0031
Your monthly predisability earnings (not to exceed Employee-paid LTD rates These rates are based on the employee's age on for the first calendar year of coverage. Age 0 to 29 0 to 29 0 to 29 0 to 34 40 to 44 45 to 49 40 to 44 45 to 49 50 to 54 60 to 54 60 to 64 65 and older Life and accidental death & de Basic Life and AD&D insurance The SEB Program provides basic life and basic A evidence of insurability (proof of good health). Le As an employee, basic life insurance covers you an	ed \$16,667) x age rate = monthly premium.         January 1 of the current year, except for employees who become         60-percent plan         0.0009         0.0012         0.0013         0.0026         0.0035         0.0048         0.0058         0.0060         0.0061         lismemberment (AD&D) insurance         VxbD insurance at no cost to you. You will be automatically enroparm more about life and AD&D insurance.         und pays your designated beneficiaries in the event of your designate	e newly eligible. Newly eligible employees will be based on age as of their enrollment data <b>50-percent plan</b> 0.0006 0.0007 0.0001 0.0011 0.0015 0.0021 0.0029 0.0029 0.0036 0.0036 0.0036 0.0037 Iled in these benefits, even if you waive medical coverage. You do not need to provide h. Basic AD&D insurance provides extra benefits for certain injuries or death resulting for
Your monthly predisability earnings (not to exceed Employee-paid LTD rates These rates are based on the employee's age on for the first calendar year of coverage. Age 0 to 29 0 to 29 0 to 29 0 to 34 0 to 34 40 to 44 45 to 49 0 to 54 60 to 54 60 to 54 60 to 64 65 and older Life and accidental death & d Basic Life and AD&D insurance The SEB Program provides basic life and basic A widence of insurability (proof of good health). Let a sa employee, basic life insurance covers you an a covered accident. These benefits provide:	ed \$16,667) x age rate = monthly premium. January 1 of the current year, except for employees who become 60-percent plan 0.0009 0.0012 0.0018 0.0026 0.0026 0.0035 0.0048 0.0058 0.0060 0.0061 lismemberment (AD&D) insurance D&D insurance at no cost to you. You will be automatically enro parn more about life and AD&D insurance.	e newly eligible. Newly eligible employees will be based on age as of their enrollment data <b>50-percent plan</b> 0.0006 0.0007 0.0011 0.0015 0.0021 0.0029 0.0029 0.0036 0.0036 0.0036 0.0037 He basic AD&D insurance provides extra benefits for certain injuries or death resulting from

S	Supplemental life and AD&D insurance
Yo	ou may enroll in supplemental life and supplemental AD&D insurance for yourself and your dependents. To enroll your dependents in supplemental life and AD&D insurance, you must enroll in upplemental life insurance for yourself. To enroll in supplemental life insurance, create an account through Metlife MyBenefits Portal.
F	Elexible spending arrangements (FSAs) and Dependent Care Assistance Program (DCAP)
F	SAs
F	SAs allow you to set aside pretax money from your paycheck to pay for out-of-pocket health care costs. Navia Benefit Solutions processes claims and provides customer service for the SEBB Program
Ye	ou must enroll in an FSA each year you want to participate. Enrollment does not automatically continue from plan year to plan year.
Т	he SEBB Program offers a FSA and a Limited Purpose FSA. You cannot have both a Limited Purpose FSA and an FSA. Learn more about FSAs.
F	SA (formerly known as Medical FSA)
Yo	ou cannot have an FSA and be enrolled in a high deductible health plan with a health savings account (HSA). The FSA allows you to pay for out-of-pocket health care costs like deductibles, copays, oinsurance, prescription drugs, chiropractic care, dental care, vision services, and more (see eligible expenses).
L	imited Purpose FSA
T d	The Limited Purpose FSA covers only dental and vision expenses. It is intended for employees enrolled in a high deductible health plan with a health savings account. It allows you to pay for out-of-p lental and vision costs like glasses, contact lenses and solution, dentures, dental copays, orthodontia, and more (see eligible expenses).
D	DCAP
Т	'he DCAP allows you to set aside pretax money from your paycheck to help pay for qualifying child care or elder care expenses. Learn more about DCAP and enroll.
Ye	ou can enroll and set up an FSA or DCAP account on the Navia SEBB Portal
	<ul> <li>During the SEBB Program's annual open enrollment.</li> <li>No later than 31 days after you become eligible for SEBB benefits.</li> <li>No later than 60 days after you or an eligible family member has a qualifying event that creates a special open enrollment.</li> </ul>
F	Health savings account (HSA)
W u: o	When you enroll in a high deductible health plan, you are also enrolled in a health savings account (HSA) through HealthEquity. Your HSA is a tax-advantaged spending and savings account that can b sed to pay for qualified medical expenses. Your HSA is funded by pretax contributions from your employer. You can choose to make additional contributions to your HSA. Contact your payroll or ber office to see if you can arrange automatic payroll deductions to your HSA. Learn more about health plans with HSAs.
F	or a list of items and services you can pay for with your HSA funds and to see the maximum annual contribution limits to your HSA, visit HealthEquity's website or call 1-844-351-6853.
	Smart 🔀 Health
Sn an	martHealth is Washington State's voluntary wellness program that supports you on your journey toward living well. Join activities that support all of you, including managing stress, building resiliency nd adapting to change. As you progress on your wellness journey, you may also qualify for the SmartHealth wellness incentive. Learn more about SmartHealth.
	27 Continue and rev

27) Click Continue and review

#### **Review elections and click Next** 28)

Step 6 - Confirmation

 $\checkmark$ 

#### 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.

Employer: FEDERAL WAY SCHOOL DISTRICT 210

	Coverage elections in	nformation		
Member name	Medical coverage Effective date	Dental coverage Effective date	Vision coverage Ef	fective date
Doe, Jane	01/01/2025	03/01/2023	03/01/20	23
Doe, John	01/01/2025	01/01/2025	01/01/20	25
	HCA-sponsored o	overage		
edical coverage provided by:	UMP Achieve 2			
			Medical premium:	\$219.00
			Tobacco surcharge:	\$25.00
		Spousal/state-registered dome	stic partner surcharge:	\$0.00
ental coverage provided by:	DeltaCare (Group #9601), adr Dental of Washington.	ninistered by Delta		
			Dental premium:	\$0.00
sion coverage provided by:	EyeMed Vision Care, underwr Security Life Insurance Compa	itten by Fidelity any		
			Vision premium:	\$0.0
				** · · *

Back to dashboard

## 29) Read Legal notice and click Confirm

			Legal	notice		
By submitting this Program rules, to t	form, I declare that th he extent permitted b	e information I have pro y federal and state laws,	vided is true, complete, a I must repay any claims	and correct. If it isn't, or if paid by my health plans o	do not update this informa r premiums paid on my beha	tion within the timelines in the SEBB alf.
My dependents an retroactively termi	d I may also lose SEBB nate coverage for me a	3 benefits as of the last d and my dependents if I in	ay of the month we were ntentionally misrepresen	e eligible. To the extent per at eligibility.	mitted by law, the SEBB Pro	gram or my employer may
I understand that i include imprisonm	t is a crime to knowing ent, fines, and denial	gly provide false, incomp of SEBB benefits.	lete, or misleading infor	mation to an insurance co	mpany for the purpose of de	frauding the company. Penalties
If adding a state-re another state.	gistered domestic par	tner (SRDP) to my accou	nt, I declare that my don	nestic partner and I have r	egistered through the Washi	ington Secretary of State's Office or
Enrollment of any insurance coverage enrolled.	dependent is not com e, I must provide copie	plete until the SEBB Proj es of documents that ver	gram verifies the eligibili ify the dependent's eligil	ty of my dependents. I une bility within the SEBB Prog	derstand that if I am applyin gram's enrollment timelines	g to add a dependent to my SEBB , or the dependent will not be
Eligible employees eligible). Employee newly eligible, dur waive medical cov Program rules. If I event as defined ir in Public Employee enrollment in SEBI	must enroll in SEBB d es will also be automat ing annual open enrol erage, I understand I c waive medical coverag SEBB Program rules. es Benefits Board (PEB 8 dental and SEBB visi	dental, vision, basic life, l tically enrolled in emplo Ilment, or due to a specia an enroll during the ann ge for myself, I understan If I waive medical covera 3B) medical coverage, I m ion.	pasic accidental death ar yee-paid LTD insurance ( al open enrollment) musi ual open enrollment per id I can enroll during the age for myself, I cannot ei uust enroll in PEBB denta	nd dismemberment (AD&L if eligible). Employees whit t be enrolled in another er iod or no later than 60 day annual open enrollment p nroll my eligible depender al and vision. If I waive enro	), and employer-paid long-to o choose to waive SEBB meet nployer-based group medic: s after a special open enroll seriod or no later than 60 da tts in medical coverage. If I vollement in SEBB medical to o	erm (LTD) disability insurance (if dical coverage (when they become al, a TRICARE plan, or Medicare. If I ment event as defined in SEBB ys after a special open enrollment vaive SEBB medical coverage to enroll enroll in PEBB medical, I also waive
If I am eligible for t Uniform Medical P premium surcharg	he employer contribu lan (UMP) Achieve 1. N e.	tion toward SEBB benefi Iy dependents will not b	ts but do not waive or en e enrolled. I will be charg	rroll in SEBB medical cove ged a monthly premium fo	rage, I will be enrolled autor r medical coverage as well a	matically as a single subscriber in is a \$25 monthly tobacco use
ow my employer to acco use premium s	deduct money from m urcharge and spouse o	ny earnings to pay for ins or state-registered dome	urance coverage and app stic partner coverage pre	olicable premium surcharg emium surcharge in additi	es. I understand I am respo on to my monthly medical p	nsible for paying applicable remium.
nroll in a high-dedu alf based on the info	ctible health plan with prmation I have provid	h a health savings accou led, and that there are li	nt (HSA), I must meet HS mits to these contributio	A eligibility conditions. I u ns and my HSA contributio	nderstand that my employe ons (if any) under federal tax	r will contribute to an HSA on my claw.
derstand that my er licable deadlines ar	rollment and my depe d SEBB rules and poli	endents' enrollment are cies may result in my be	subject to me abiding by nefits selection being rej	all applicable deadlines a ected or defaulted.	nd SEBB rules and policies.	Failure to comply with
form replaces all or	nrollment forms previo	ously submitted. Any cha	anges made in Benefits 2	4/7 or SEBB enrollment or	change forms submitted ar	nd dated later than this online

## 30) Click on Download elections for PDF of your new enrollments

Open Enrollment 10/28/2024 - 11/25/2024 for coverage Jan 1, 2025								
Bependents     Upload     Coverage     Attestations     Supplemental     Confirmation								
Step 6 - Confirmation You're all done! You can download a summary of your elections								
Below.								
Email address* janedoe@email.com								
Sign up for email delivery. You'll receive the For Your Intercom newsletter and other general updates in your inbox.								