

2025 SEBB Premium Surcharge Attestation Change Form

Use Benefits 24/7 at benefits247.hca.wa.gov or this form to report a change that affects your premium surcharge for tobacco use or spouse or state-registered domestic partner (SRDP). State-registered domestic partner is defined in Washington Administrative Code 182-31-020.

Changes that result in a premium surcharge will be effective the first day of the month after the date of the status change. If that day is the first of the month, the change to the surcharge begins on that day. Changes that result in removing a premium surcharge will begin the first day of the month after your attestation is received. If that day is the first of the month, the change to the surcharge begins on that day. **Exception:** If you are required to attest to the spouse or SRDP coverage premium surcharge during the SEBB Program’s annual open enrollment, any changes will be effective January 1 of the following year. For more information about the surcharges see WAC 182-30-050.

Type or print clearly in black ink. Example: **J O H N**

1

Tobacco use premium surcharge

⚠ Skip this section, if you are not reporting a change to tobacco use for you or a dependent.

A \$25-per-account premium surcharge is required in addition to your monthly medical premium if you or a dependent (age 13 and older) enrolled on your SEBB medical plan uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco. See *Surcharges* on HCA’s website at hca.wa.gov/erb to learn more. **Tobacco products are** any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products.

Tobacco products do not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids, such as over-the-counter nicotine replacement products, and prescription nicotine replacement products.

Events that require a change:

You must change your tobacco use attestation when you or a dependent’s tobacco use status changes, such as quitting or starting smoking.

Does this premium surcharge apply to you?

List yourself and each dependent age 13 and older enrolled on your SEBB medical coverage. You **do not** have to attest for dependents ages 12 and younger. You do not need to attest when the dependent turns age 13 unless the dependent uses, or starts using, tobacco products.

Answer **No** for you and each enrolled dependent who has never used tobacco products, has stopped using them for the past two months, is currently enrolled in their medical plan’s tobacco cessation program (if age 18 or older), or has accessed information at teen.smokefree.gov (if age 13 to 17). If you or your dependents have never used tobacco products, you do not need to provide a date.

If you check **Yes** or leave the checkboxes blank for yourself or any enrolled dependent age 13 or older, you will be charged the \$25 tobacco use premium surcharge in addition to your monthly medical premium.

2025 SEBB Premium Surcharge Attestation Change Form

Subscriber

Last name

Middle initial

First name

Social Security number

Have you used tobacco products in the past two months?

Yes No Date tobacco use status changed

Dependent 1

Last name

Middle initial

First name

Last four digits of Social Security number

Has this dependent used tobacco products in the past two months?

Yes No Date tobacco use status changed

Dependent 2

Last name

Middle initial

First name

Last four digits of Social Security number

Has this dependent used tobacco products in the past two months?

Yes No Date tobacco use status changed

Dependent 3

Last name

Middle initial

First name

Last four digits of Social Security number

Has this dependent used tobacco products in the past two months?

Yes No Date tobacco use status changed



To attest for more dependents, copy this page.


2025 SEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

2

Spouse or state-registered domestic partner coverage premium surcharge

 Skip this section if you do not have a spouse or SRDP enrolled on your SEBB medical plan.

A \$50 premium surcharge will be required in addition to your monthly medical premium if you enroll a spouse or SRDP, and they have chosen not to enroll in another employer-based group medical that is comparable to the Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan (UMP) Classic. The comparison must be to PEBB UMP Classic, even if you are not enrolled in that plan.

Events that require a change:

You must attest to this premium surcharge:

- If you get a letter from the SEBB Program notifying you to attest during the SEBB Program's annual open enrollment.
- **No later than 60 days** after the date your spouse's or SRDP's employer-based group medical status changes.

See "Surcharges" on HCA's website at hca.wa.gov/erb to learn about these situations.

Answer Yes or No to the questions below for your spouse or SRDP in 2025:

Question 1 does not apply. You must also check the corresponding boxes on your enrollment form.

1	Are you covering your spouse or SRDP in a SEBB medical plan under your account?	Yes	No
2	Will they be eligible for medical coverage through their employer? (If they will not be employed in 2025, answer No.)	Yes	No
3	Will their employer offer at least one medical plan that serves their county of residence?	Yes	No
4	Have they chosen not to enroll in their employer's medical (including PEBB) coverage?	Yes	No
5	Will the coverage offered by their employer in 2025 not be through the SEBB Program or a TRICARE plan? <ul style="list-style-type: none">• Answer Yes if their employer does not offer SEBB coverage or a TRICARE plan.• Answer No if their employer offers SEBB coverage or a TRICARE plan.	Yes	No
6	Will their share of the medical premium through their employer be less than \$126.36 per month?	Yes	No

If you answered **No to any** of these questions, check No. You will not be charged the surcharge.

If you answered **Yes** to all these questions, complete the steps below to find out if you will be charged the premium surcharge.

1. Your spouse or SRDP should ask their employer for a 2025 Summary of Benefits and Coverage (SBC) for all medical plans that:
 - a. Serve their county of residence.
 - b. Have a monthly premium of less than \$126.36 per month for the employee.
2. Use the SBC information to answer the questions in the *SEBB Spousal Plan Calculator* online tool on HCA's website at hca.wa.gov/erb. Or you can download a paper version and submit it with your enrollment form, or with this form.


If using the online *SEBB Spousal Plan Calculator*, you will get a Yes or No response to whether the premium surcharge applies to you. Enter this response on the next page.

2025 SEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

Does this premium surcharge apply to you?

 If you enroll a spouse or SRDP on your SEBB medical plan and you check Yes or leave the checkboxes below blank, you will be charged the \$50 premium surcharge.

Yes, am subject to the \$50 premium surcharge. I used the *SEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

No, am not subject to the \$50 premium surcharge. I completed the *SEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed:

My employer (for employees) or SEBB Program (for SEBB Continuation Coverage subscribers) to help determine if the premium surcharge applies. I am submitting a printed *SEBB Spousal Plan Calculator* to help determine if my spouse's or SRDP's employer-based group medical is comparable to PEBB's UMP Classic, and if I am subject to this premium surcharge.

2025 SEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

3

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 provide timely, updated information, I will owe surcharges to the SEBB Program. I declare that one (or more) of the events above occurred that requires me to change my attestation to the one or both premium surcharges, and that I am reporting it within the SEBB Program's deadlines. I am replacing all attestations previously submitted.

If I pay my monthly premiums by electronic debit service, I authorize the Health Care Authority to deduct any premium surcharges owed from these accounts.


Subscriber's last name

Last four digits of subscriber's Social Security number

Subscriber's signature

4

Form return

 Please return this form to your payroll or benefits office (employees) or the SEBB Program (for SEBB Continuation Coverage subscribers only).

Employees:

Your payroll or benefits office.

SEBB Continuation Coverage subscribers:

Secure message: Send us a secure message through HCA Support at support.hca.wa.gov, a secure website that allows you to log into your own account to communicate with us. You will need to set up a SecureAccess Washington (SAW) account to use this option.

Mail to: SEBB Program
Washington State Health Care Authority
PO Box 42720
Olympia, WA 98504-2720

Fax to: 360-725-0771

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

SEBB Continuation Coverage members: The SEBB Program at 1-800-200-1004 (TRS: 711).

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