

E-1 (Worksheet B): Employer provides to employee

Dependent Eligibility

Worksheet Reminders:

- This is an informational worksheet for employees seeking PEBB benefits for dependents. See the E-2 worksheet for a dependent child with a disability age 26 or older or an extended dependent.

FOR EMPLOYEE AND DEPENDENT USE
Eligible Dependents Who Require Verification by the PEBB Program (WA C 182-12-260)
<p>1. Legal spouse</p> <p><i>Note: A former spouse is not an eligible dependent upon finalization of a divorce or annulment, even if a court order requires the subscriber to provide health insurance for the former spouse.</i></p> <p>2. State-registered domestic partner</p> <p><i>Note: A former state-registered domestic partner is not an eligible dependent upon dissolution or termination of a partnership, even if a court order requires the subscriber to provide health insurance for the former partner.</i></p> <p>3. Children up to age 26:</p> <p>a. Children based on the establishment of a parent-child relationship as described in RCW 26.26A.100, except when parental rights have been terminated</p> <p>b. Children of the subscriber's spouse or state-registered domestic partner, based on the spouse's or state-registered domestic partner's establishment of a parent-child relationship, except when parental rights have been terminated.</p> <ul style="list-style-type: none"> • The stepchild's relationship to a subscriber (and eligibility as a dependent) ends on the same date the marriage with the spouse or legal relationship with the state-registered domestic partner ends through divorce, annulment, dissolution, termination, or death. <p>c. Children for whom the employee has assumed a legal obligation for total or partial support in anticipation of adoption of the child</p> <p>d. Children specified in a court order or divorce decree for whom the subscriber has a legal obligation to provide support or health care coverage.</p>
Employee Requirements to Request to Enroll a Dependent in PEBB Benefits (WAC 182-12-262)
<p>1. Enter the required information regarding your dependent(s) on the PEBB <i>Employee Enrollment/Change</i> form (available at www.hca.wa.gov/pebb or from your personnel, payroll, or benefits office).</p> <p>2. Submit a PEBB <i>Declaration of Tax Status</i> form with the PEBB <i>Employee Enrollment/Change</i> form if enrolling a state-registered domestic partner, your state-registered domestic partner's child, or other dependent that does not qualify as your dependent for federal tax purposes. This form is to indicate whether your dependents qualify for tax purposes under IRC Section 152, as modified by IRC Section 105(b).</p> <p>3. Submit the required dependent verification documents (see next section) with the <i>PEBB Employee Enrollment/Change</i> form. Submit copies of documents, not originals. Earlier submissions will expedite the enrollment process.</p>

Valid Dependent Verification Documents (PEBB Program Administrative Policy 31-1)

Provide the document(s) listed in one of the following bullets

Dependent	Documents
<p>Spouse (including same-sex spouse)</p>	<ul style="list-style-type: none"> • The most recent year's Federal Tax Return filed jointly that lists the spouse (black out financial information); OR • The most recent year's Federal Tax Return for the subscriber and the spouse if filed separately (black out financial information); OR • Marriage Certificate* and evidence (does not have to live together) that the marriage is still valid (e.g. a utility bill within the last 6 months showing both you and your spouse's name, life insurance beneficiary document, a bank statement within the last 6 months – black out financial information – showing both your and your spouse's name); OR • A recently-filed (within last 6 months) petition for dissolution, petition for legal separation (marriage), or petition to invalidate (annul) marriage; OR • Defense Enrollment Eligibility Reporting System (DEERS) registration; OR • Valid J-1 or J-2 visa issued by the U.S. Government
<p>State-Registered Domestic Partner or Partner of a Legal Union</p>	<ul style="list-style-type: none"> • A certificate/card of state registered domestic partnership* or legal union and evidence (does not have to live together) that the partnership is still valid. (e.g., a utility bill within the last 6 months showing both your and your partner's name, life insurance beneficiary document, a bank statement within the last 6 months – black out financial information – showing both your and your partner's name); OR • A recently-filed (within last 6 months) petition for dissolution state registered domestic partnership, or petition to invalidate (annul) state registered domestic partnership
<p>Children</p>	<ul style="list-style-type: none"> • The most recent year's Federal Tax Return that includes the child(ren) as a dependent (black out financial information); OR • Birth certificate (or hospital certificate with the child's footprints on it) showing the name of parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner;* OR • 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; OR • Court ordered parenting plan; OR • National Medical Support Notice; OR • Defense Enrollment Eligibility Reporting System (DEERS) registration; OR • Valid J-2 visa issued by the U.S. Government

4. The following describes when the PEBB *Employee Enrollment/Change* form must be received by your personnel, payroll, or benefits office and when benefits begin:
- a. **When you are first eligible for benefits:** No later than 31 days after you become eligible for PEBB benefits under WAC 182-12-114. Dependent coverage begins when your coverage begins.
Exception: A newborn child's supplemental life and AD&D insurance coverage will be effective on the date the child becomes fourteen days old.
 - b. **During the annual open enrollment:** No later than the last day of the annual open enrollment period. Dependent coverage begins on January 1 of the following year.
 - c. **During a special open enrollment:** No later than 60 days after the event occurs. In most cases dependent coverage will begin the first of the month following the later of the event date or the date the required form is received. If that day is the first of the month, the change in enrollment begins on that day.

Notes

1. Copies of any of the documents referenced within this table are acceptable.
2. Other documents, as approved by the PEBB program may be used or dependent verification.
3. 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.

**If within 6 months of marriage/state registered, then only the certificate/card is required.*

***If the dependent is a stepchild of the subscriber, the spouse/state-registered domestic partner must also be verified in order to enroll the child even though the spouse/state-registered domestic partner may not be enrolling in coverage.*

If Your Dependent is Denied Enrollment in PEBB Benefits

Appeal rights: A decision made by the PEBB Program regarding eligibility, enrollment, premium payment, premium surcharge, or eligibility to participate in the PEBB wellness incentive program, or eligibility to receive a PEBB wellness incentive, may be appealed by submitting the PEBB *Employee Request for Review/Notice of Appeal* form to the PEBB Appeals Unit. The form is available on the PEBB website at:

hca.wa.gov/about-hca/file-appeal-pebb

Annual or special open enrollment: If you missed the enrollment deadline, you may request to enroll your dependent(s) during the next annual open enrollment or if you have a qualifying event during the year that allows for a special open enrollment. (WAC 182-12-262 and PEBB Program Administrative Policy 45-2A)