



Washington State Health Care Authority

Public Employees Benefits Board

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**You must provide proof of your family members' eligibility or
cancel their PEBB health coverage**

Dear Subscriber,

The Health Care Authority provides health benefits to employees, retirees, former employees, and their dependents who qualify for Public Employees Benefits Board (PEBB) health coverage. We also work to ensure that people who do not qualify for PEBB benefits—including those who are not your legal dependents—are not receiving them.

What do I have to do?

Our records show that you have family members enrolled on your PEBB account. **You must provide proof that these family members are your eligible dependents and send it to us in the enclosed envelope by November 30, 2009.** See Attachment 1 for PEBB's eligibility criteria. We have listed acceptable forms of proof on page 2.

If you don't provide proof, PEBB will disenroll your covered family members. You don't need to provide proof for extended dependents (such as dependent grandchildren) or dependents with disabilities who have been certified through PEBB—we will continue to verify their eligibility through a separate process.

Family members who do not meet PEBB's criteria as a dependent do not qualify for PEBB health coverage. If your family members do not qualify for PEBB health coverage (as shown on Attachment 1), **you must complete and return the enclosed *Request to Cancel Dependent Coverage* form to us in the enclosed envelope by November 30, 2009 to remove them from your account. If you remove your family members during this notice period, we will not take action to review their prior claims or eligibility.**

Why is PEBB doing this?

Health coverage is a valuable benefit—and costly for the state to provide. Last year, the PEBB Program, on your employer's behalf, spent about \$1.0 billion on health care; this benefit costs more when PEBB covers individuals who don't qualify for coverage. This new process will ensure that we use taxpayer dollars more fairly and consistently to only cover eligible dependents.

If my covered family members qualify for PEBB coverage, what proof do I need to submit?

You must provide a **copy** of the following document(s) to us in the enclosed envelope by **November 30, 2009**. To help us process your documents accurately, please include your social security number on each of the document(s). **Please note:** We will keep your information private as allowed by law—it will be used for dependent verification purposes only.

NOTE: Only the last 4 numbers of your social security number are required.

To provide proof of eligibility for this type of family member...	You must provide a copy of these documents
Spouse	<ul style="list-style-type: none"> • Page 1 of your 2008 federal tax return that shows the spouse's name (black out all financial information) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Marriage certificate AND one of the following: current proof of common residence (such as a mortgage note or lease agreement), financial interdependency (such as a shared bank account—please black out account information), or shared utility bill
Qualified/registered domestic partner	<p>Certificate of state-registered domestic partnership or registration card from the Washington Secretary of State's Office</p> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Completed <i>Declaration of Marriage or Qualified Domestic Partnership</i> form AND one of the following: current proof of common residence (such as a mortgage note or lease agreement), financial interdependency (such as a shared bank account—please black out account information), or shared utility bill
Dependent child through age 19	<p>Any one of the following:</p> <ul style="list-style-type: none"> • Page 1 of your 2008 federal tax return that shows the child's name as a dependent (black out all financial information). <i>You must send this document if your dependent child is married.</i> • Birth certificate showing the name of the parent who is the subscriber or the subscriber's spouse or qualified/registered domestic partner • Certificate or decree of adoption or legal documentation that shows you have assumed a legal obligation for total or partial support in anticipation of adoption • Court-ordered parenting plan showing health coverage obligation
<p>Unmarried dependent student age 20-23</p> <p><i>Note: Do not include proof of your student's attendance—we will continue to review this through a separate process.</i></p>	<p>Any one of the following:</p> <ul style="list-style-type: none"> • Page 1 of your 2008 federal tax return that shows the child's name as a dependent (black out all financial information) • Birth certificate showing the name of the parent who is the subscriber or the subscriber's spouse or qualified/registered domestic partner • Certificate or decree of adoption, or legal documentation that shows you have assumed a legal obligation for total or partial support in anticipation of adoption • Court-ordered parenting plan showing health coverage obligation
<p>Married dependent student</p> <p><i>Note: Do not include proof of your student's attendance—we will continue to review this through a separate process.</i></p>	<p>Any one of the following:</p> <ul style="list-style-type: none"> • Page 1 of your 2008 federal tax return that shows the child's name as a dependent (black out all financial information) • Birth certificate showing the name of the parent who is the subscriber or the subscriber's spouse or qualified/registered domestic partner • Certificate or decree of adoption, or legal documentation that shows you have assumed a legal obligation for total or partial support in anticipation of adoption • Court-ordered parenting plan showing obligation for child's health coverage

What if a covered family member doesn't meet any of the PEBB eligibility criteria?

If your family member is enrolled in PEBB coverage, but doesn't meet any of the criteria listed in Attachment 1, then you must complete the enclosed *Request to Cancel Dependent Coverage* form and return it to us in the enclosed envelope by **November 30, 2009**. We will disenroll the family member(s) you list effective December 31, 2009. We will also send you a letter confirming when the family member's PEBB coverage ends.

If my family member no longer qualifies for PEBB coverage as my dependent, will he or she have other health coverage options?

He or she can continue PEBB health coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1986) by self-paying monthly premiums after his or her eligibility ends. Once your family member's coverage ends, he or she will receive a *Continuation of Coverage Election Notice* packet in the mail. This packet will explain how your family member can continue his or her health coverage, and include premium information.

When do I have to respond?

You must either send proof that your eligible family members are your dependents or complete and submit the enclosed *Request to Cancel Dependent Coverage* form to us by **November 30, 2009**. You may send either in the enclosed envelope.

For more information

If you have questions about this process, please call us at 1-800-200-1004.

Sincerely,

PEBB Benefits Services

Attachment 1:

Family members who qualify for PEBB coverage

Enclosures:

Request to Cancel Dependent Coverage form

PEBB return envelope

Attachment 1: Family members who qualify for PEBB coverage

The following dependents qualify for PEBB coverage:

- Lawful spouse
- Domestic partner qualified by the PEBB's *Declaration of Marriage or Qualified Domestic Partnership* who meets the following criteria. Domestic partners must:
 - Have a close personal relationship in lieu of a lawful marriage.
 - Not be married to anyone.
 - Be each other's sole domestic partner and responsible for each other's common welfare.
 - Not be related by blood as close as would bar marriage.
 - Be barred from a lawful marriage in Washington State.
- Domestic partners registered by the Washington Secretary of State.
- Biological children, stepchildren, legally adopted children, children for whom you have assumed a legal obligation for total or partial support in anticipation of adoption, children of the qualified or registered domestic partner, or children specified in a court order or divorce decree. This also includes extended dependents in the legal custody or legal guardianship of the subscriber, subscriber's spouse, or subscriber's qualified or Washington State-registered domestic partner.

Eligible children include:

- Unmarried children through age 19.
- Married children through age 19 who qualify as the subscriber's dependents under the Internal Revenue Code.
- Unmarried children ages 20 through 23 who are attending high school or are registered students at an accredited secondary school, college, university, vocational school, or school of nursing. A married child is eligible as a student if he or she is a dependent of the subscriber under Internal Revenue Code.

A child is eligible as a student or can maintain eligibility as a student when not registered for courses through the summer or an "off" quarter/semester as long as he or she meets all other eligibility criteria below:

- The child attended the three consecutive quarters or two consecutive semesters before the off quarter/semester.
- The child is an enrolled dependent turning age 20 or renewing annual student certification, and he or she is expected to register for three consecutive quarters or two consecutive semesters after the off quarter/semester.
- The child recently graduated. PEBB rules define graduation as the successful completion of studies to earn a degree or certificate, not the date of the graduation ceremony. The child qualifies for PEBB coverage for three months after graduation as long as he or she meets all other PEBB criteria for a dependent child.
- Unmarried children ages 20 through 24 (adult dependents) who are not attending school or registered at an accredited school (as noted above).
- Children of any age with disabilities, developmental disabilities, mental illness, or mental retardation who are incapable of self support, if the condition occurs before age 20 or when the child was eligible as a student under PEBB rules.