

2020 SEBB Spousal Plan Calculator

Complete this calculator if you answered YES to all the questions on the 2020 SEBB Premium Surcharge Attestation Help Sheet. If you need help;

- Employees: contact, your payroll or benefits office.
- SEBB Continuation Coverage subscribers: contact the SEBB Program.



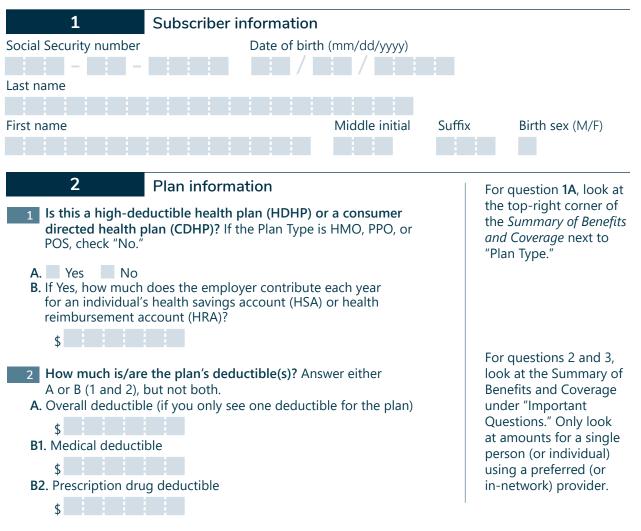
Please type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example:

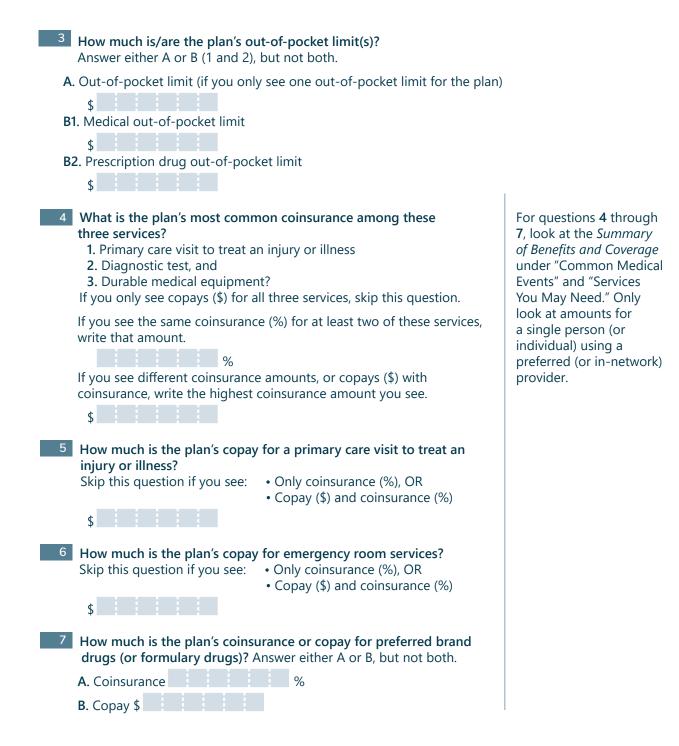
Use the 2020 Summary of Benefits and Coverage from your spouse's or state-registered domestic partner's employer-based group medical plan(s) to answer the questions below. Do not return the Summary of Benefits and Coverage with this calculator. The plan(s) must:

- Serve your spouse's or state-registered domestic partner's county of residence.
- Cost less than \$108.31 for the employee's share of the monthly medical premium.

Complete a 2020 SEBB Spousal Plan Calculator for each medical plan that meets the criteria above.

If you are completing a form for more than one plan, and at least one results in "You will have to pay the surcharge," then you will be charged the surcharge in addition to your monthly medical premium.





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 the \$50 spouse or state-registered domestic partner coverage premium surcharge to the SEBB Program in addition to my monthly medical premium.

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



Sign, date, and return completed form and documentation to the appropriate location:

For Employees: your payroll or benefits office For SEBB Continuation Coverage subscribers:

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

Or fax: 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 Health Care Authority at 1-800-200-1004 (TRS: 711).