

Student Certification/Change

Complete questions below, then complete form on back.

1. **Are you recertifying a student who is currently enrolled in PEBB coverage OR continuing enrollment for a student who is turning age 20?** Yes No

*If yes → Follow the instructions at the bottom of this page, then complete the form on back. Mail the completed form in time for it to reach the PEBB Program at least **30 days** before the date your student's current coverage ends to avoid a break in his or her coverage.*

If no → Go to next question.

2. **Are you a newly eligible employee or retiree enrolling a student dependent?** Yes No

*If yes → Follow the instructions at the bottom of this page, then complete the form on back. If you're a new employee, return this form within **31 days** of your insurance eligibility date. If you're a new retiree, return this form within **60 days** of your active employment or COBRA coverage ending.*

If no → Go to next question.

3. **Are you adding this student due to a qualifying event?** Yes No

*If yes → Check all boxes that apply below. Follow the instructions at the bottom of this page, then complete the form on back. Return this form within **60 days** after the qualifying event.*

If no → See the "If you've checked no" section below.

Qualifying events:

- Marriage or qualified domestic partnership (*You must also complete the Spouse or Qualified Domestic Partner Certification form packet. You can find this packet online at www.pebb.hca.wa.gov.*)
- Loss of other health coverage (*you must provide proof of loss*)
- Change of subscriber's or student's address affecting eligibility, benefits, or cost of insurance coverage
- Your child is a newly eligible student. This means that your child:
 - Was **not** registered in an accredited school last quarter or semester.
 - Did not attend three of the last four quarters, or two of the last three semesters, in the past 12 months (that is, your child has not been continuously enrolled in school).

If you've checked "no" to all of the questions above:

You may apply to enroll your student during PEBB's annual open enrollment.

To qualify for PEBB coverage, your student must be (see additional criteria in WAC 182-12-260):

- Age 20 through 23.
- Attending high school or a registered student at an accredited secondary school, college, university, vocational school, or school of nursing.

Instructions

- Type or print clearly in black ink. Inaccurate, incomplete, or illegible information may delay coverage.
- You must mail or hand-deliver this form if you want to terminate coverage for your student.
- If you terminate your student's coverage due to a qualifying event, you must notify the PEBB Program in writing within **60 days** of the event. If you don't, your student will lose his or her right to extend PEBB coverage.
- If your student's status changes, you must complete and return a new *Student Certification/Change* form.
- Report address changes to your personnel, payroll, or benefits office (employees) or the PEBB Program (all others).
- **The subscriber must complete, sign, and date this form.**

Newly eligible employees
return completed form to:
Your personnel, payroll, or benefits office

All others mail completed form to:
Washington State Health Care Authority
PEBB Program
P.O. Box 42684
Olympia, WA 98504-2684

Or fax to: 360-923-2608

Student Certification/Change

| | |
|-----------------------------------|--|
| SECTION 1: Subscriber Information | |
| Name | Social security number |
| Address | Work phone () Home phone () |

| | |
|---|------------------------|
| SECTION 2: Student Information | |
| Student name | Social security number |
| Address (if different from subscriber) | Date of birth |
| Is this student married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of marriage _____ | |
| If yes, does this student qualify as your dependent under the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|-----------------------------------|-------------|---------------------------------|
| SECTION 3: Enrollment Information | | |
| Full school name | City, State | Registrar's phone () |

Is your student currently attending school? Yes No

| | | | | |
|---|---|---|---|---|
| PREVIOUS SCHOOL ATTENDANCE for the 12 months before current enrollment | QUARTER <input type="checkbox"/> Fall Month/year started _____ | <input type="checkbox"/> Winter Month/year started _____ | <input type="checkbox"/> Spring Month/year started _____ | <input type="checkbox"/> Summer Month/year started _____ |
| | SEMESTER <input type="checkbox"/> Fall Month/year started _____ | <input type="checkbox"/> Spring Month/year started _____ | <input type="checkbox"/> Summer Month/year started _____ | <input type="checkbox"/> Other Month/year started _____ |
| EXPECTED SCHOOL ATTENDANCE for the 12 months after current enrollment | QUARTER <input type="checkbox"/> Fall Month/year started _____ | <input type="checkbox"/> Winter Month/year started _____ | <input type="checkbox"/> Spring Month/year started _____ | <input type="checkbox"/> Summer Month/year started _____ |
| | SEMESTER <input type="checkbox"/> Fall Month/year started _____ | <input type="checkbox"/> Spring Month/year started _____ | <input type="checkbox"/> Summer Month/year started _____ | <input type="checkbox"/> Other Month/year started _____ |

Expected graduation date (month/year) _____

We will certify your student only for the attendance checked above. See eligibility requirements on the front for details.

| |
|--|
| SECTION 4: Termination of Student's Coverage |
| <p>Complete this section only if your student is no longer eligible for PEBB coverage, based on PEBB's eligibility rules (see WAC 182-12-260). You must notify us in writing within 60 days of the date that your student is no longer eligible (such as when he or she stops attending school). If you don't, your child will lose the right to extend PEBB coverage.</p> <p>If your child no longer qualifies as a student and is age 20-24, he or she may qualify for PEBB coverage as an adult dependent. You can find the <i>Adult Dependent Enrollment/Change</i> form on our Web site at www.pebb.hca.wa.gov.</p> <p>If the student has graduated, he or she may qualify for PEBB coverage for three months after graduation. Graduation is defined as the successful completion of studies to earn a degree/certificate, not the date of the graduation ceremony. If you do not want your student covered for the three-month period after graduation, you must notify us in writing.</p> <p><input type="checkbox"/> My student has graduated; his or her graduation date was _____ (month/day/year).</p> <p><input type="checkbox"/> My child no longer qualifies for PEBB student coverage, effective _____ (month/day/year).</p> <p>Last date of school enrollment _____ (month/day/year)</p> |

| |
|--|
| SECTION 5: Subscriber Certification and Signature (<i>Required</i>) |
| <p>By signing this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in PEBB rules, I must repay any claims paid by my health plan or premiums paid on my behalf. My student may also lose PEBB benefits as of the last day of the month he or she qualified. In addition, I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, denial of PEBB benefits, and loss of my job.</p> <p>The PEBB Program will verify eligibility for me and my family members. The PEBB Program has the right to request completion of this form or copies of my student's transcripts to make decisions about eligibility or enrollment.</p> <p>This form replaces all previous <i>Student Certification/Change</i> forms I have submitted for PEBB benefits.</p> <p>HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, call 360-923-2822 or go to www.hca.wa.gov.</p> <p>Signature _____ Date _____</p> |