



Washington State Health Care Authority

*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-412-4200 • FAX 360-923-2608 • TTY 360-923-2701 • [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)

## Your family members do not qualify for PEBB coverage

Dear Subscriber,

In response to our earlier request, you submitted documentation to verify your family members' eligibility for coverage in the Public Employees Benefits Board (PEBB) Program.

The document(s) you sent do not provide valid proof of eligibility for your family member(s) below:

**PEBB will cancel health coverage effective December 31, 2009 for the family member(s) listed above.** After this date, we will mail a *Continuation of Coverage Election Notice* packet to these family member(s) with information on how to continue their PEBB coverage by self-paying their monthly premiums. Your family member's health plan ID card will not be valid after December 31, 2009.

If you are an employee who covers a family member listed above on your PEBB life insurance, please contact your employer's personnel, payroll, or benefits office to ask if your family member still qualifies. You are responsible for removing ineligible family members from your life insurance.

### **What if I disagree with this decision?**

If you disagree with this decision, you may file an appeal. For more information about appeals, see our website at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov). You must submit your appeal in writing within 30 days from the date of this letter. Send your appeal letter and any supporting documents to:

Health Care Authority  
Attn: PEBB Appeals  
P.O. Box 42699  
Olympia, WA 98504-2699

**Can I send other documents?**

If you believe you can provide other documentation that proves your family member(s) are eligible to receive PEBB coverage, please refer to the end of this letter for a list of valid documents. Send a copy of the appropriate document(s) to us **by November 30, 2009** so we can verify your family members' eligibility. Please write your social security number on each document to help us process it accurately. **Note:** We will keep your information private as allowed by law—it will be used for dependent verification purposes only. Mail this information to us at:

Health Care Authority  
PEBB Program  
P.O. Box 42685  
Olympia, WA 98504-2685

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

Sincerely,

PEBB Benefits Services

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"> <li>• Page 1 of your 2008 federal tax return that shows the spouse’s name (black out all financial information)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Marriage certificate <b>AND one</b> 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</li> </ul>
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;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Completed <i>Declaration of Marriage or Qualified Domestic Partnership</i> form <b>AND one</b> 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</li> </ul>
Dependent child through age 19	<p>Any <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• 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></li> <li>• Birth certificate showing the name of the parent who is the subscriber or the subscriber’s spouse or qualified/registered domestic partner</li> <li>• 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</li> <li>• Court-ordered parenting plan showing health coverage obligation</li> </ul>
<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 <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Page 1 of your 2008 federal tax return that shows the child’s name as a dependent (black out all financial information)</li> <li>• Birth certificate showing the name of the parent who is the subscriber or the subscriber’s spouse or qualified/registered domestic partner</li> <li>• 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</li> <li>• Court-ordered parenting plan showing health coverage obligation</li> </ul>
<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 <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Page 1 of your 2008 federal tax return that shows the child’s name as a dependent (black out all financial information)</li> <li>• Birth certificate showing the name of the parent who is the subscriber or the subscriber’s spouse or qualified/registered domestic partner</li> <li>• 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</li> <li>• Court-ordered parenting plan showing obligation for child’s health coverage</li> </ul>