



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

**Your documentation is not legible;
please send legible documents to verify your family
members' eligibility**

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.

Type of document(s) you submitted:

We cannot verify eligibility for the family member(s) below because the documents you sent were not legible.

Refer to the back of this letter for a list of valid documents, and send a legible copy of the appropriate document(s) **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"> • 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