



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)

**We have verified your family member(s)' eligibility  
to continue PEBB coverage in 2010**

Dear Subscriber,

The document(s) you sent successfully proved your family member(s)' eligibility for health coverage in the Public Employees Benefits Board (PEBB) Program. Their coverage will continue for 2010 unless they become ineligible.

Your approved family members are:

If a family member becomes ineligible for PEBB coverage (as shown on Attachment 1 of the letter you received), you must submit a completed enrollment/change form to us no later than **60 days** after the date the family member no longer qualifies. If you are an employee, please contact your personnel, payroll, or benefits office for instructions on submitting your forms.

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

Sincerely,

PEBB Benefits Services