



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

Voluntary termination of PEBB coverage

Dear Subscriber,

We received your *Request to Cancel Dependent Coverage* form to remove your ineligible family member(s) listed below from your Public Employees Benefits Board (PEBB) health coverage.

Family member(s):

Health coverage for your family member(s) above will end on **December 31, 2009**. 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.

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.

If you believe you can provide acceptable documentation for your eligible family members, please refer to your original request letter or PEBB's website at www.pebb.hca.wa.gov and select "Verify My Family Members" for a list of acceptable documentation. You must submit this by **November 30, 2009** to continue your family members' coverage.

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

Sincerely,

PEBB Benefits Services