

Waiving Coverage

Eligible Employees

Eligible employees may waive medical coverage if they are covered by another comprehensive group health plan. The employee may waive medical coverage only. Enrollment in dental, basic life and basic long-term disability is required.

If the employee waives medical for himself, medical coverage is automatically waived for all dependents, except adult dependents. The employee may also choose to enroll themselves in medical but waive medical and dental on any or all dependents.

To waive medical, the employee must complete an Employee Enrollment/ Change form.

New employees waiving coverage within the 31-day enrollment period will have an effective date equal to their eligibility date.

Coverage waived outside of the 31-day enrollment period (i.e., during a special open enrollment), will have an effective date of the first of the month following the event or in cases where the event occurs on the first of the month, coverage will be waived on that date. Coverage waived during annual open enrollment will have a January 1 effective date. Refer to WAC 182-12-128.

Eligible Dependents

Employees may choose to waive medical and dental coverage for their eligible dependents if they are covered by another comprehensive group health plan. Coverage can be waived when the employee enrolls during their initial eligibility period or during annual or a special open enrollment.

To waive medical coverage for a dependent the employee must complete an Employee Enrollment/Change form.

New employees waiving coverage for their dependent(s) within the 31-day enrollment period will have an effective date equal to the employees eligibility date.

Coverage waived outside of the 31-day enrollment period (i.e., during a special open enrollment), will have an effective date of the first of the month following the event or in cases where the event occurs on the first of the month, coverage will be waived on that date. Coverage waived during annual open enrollment will have a January 1 effective date. Refer to WAC 182-12-128.

Enrollment after Waiving

Employees or eligible dependents who have previously waived coverage may enroll in PEBB coverage during a PEBB annual open enrollment period without providing “proof of loss”. The effective date of coverage would be January 1 of the following year.

In addition, the employee may re-enroll after waiving coverage if the employee has a qualifying event that triggers a special open enrollment. See the special open enrollment section of this manual for an explanation.

Re-enrollment must be requested within **60 days** of the event that triggered the special open enrollment. Evidence of the event that creates the special open enrollment may be required. Refer to WAC 182-12-128.

Outside annual open enrollment, agencies should **not** key the enrollment/reinstatement in the

insurance

system. Copies of the Enrollment/Change form and the proof of loss should be sent to the PEBB program.

- The employee or eligible dependent must provide “proof of loss” of other comprehensive group medical coverage. Proof of loss must be either a letter from the insurance company or the employer identifying the:
 - Individual(s) losing coverage
 - Effective date of coverage
 - Termination date of coverage
- Send the Employee Enrollment/Change form and proof of loss to: HCA, PEBB Outreach and Training, Mail Stop 42684, or fax to 360-923-2608.
- If the individual’s past coverage was through PEBB, send the enrollment form to: HCA, PEBB Outreach and Training, Mail Stop 42684, or fax to 360-923-2608. Proof of loss is not required.

Approval: PEBB Outreach and Training will enter the enrollment into the insurance system, retroactive to the first of the month following the loss of coverage.

Denial: PEBB Outreach and Training will return the enrollment form to the agency stamped “Disapproved”.