

# Student Enrollment Form

Submit this form to enroll a student dependent:

- No later than **31 days** after becoming newly eligible as an employee, or no later than **60 days** after becoming newly eligible as a retiree, Leave Without Pay, or COBRA enrollee; **or**
- During PEBB's annual open enrollment; **or**
- No later than **60 days** after a special open enrollment event. (This can include a student turning age 20 or starting school for the first time.)

You can find student eligibility rules in Washington Administrative Code (WAC) 182-12-260(3) and enrollment rules in WAC 182-12-262. This information is also on our website [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) under "How Do I" by selecting "Enroll a Student Dependent."

**Type or print clearly in dark ink. Inaccurate, incomplete, or illegible forms may delay coverage.**

<b>Section 1: Subscriber Information</b> <i>Required</i>		
Name		Social security number
Street address		Home phone (      )
City	State	ZIP Code
Mailing address (if different from above)		Work phone (      )
City	State	ZIP Code

<b>Section 2: Student Information</b> <i>Required</i>		
Student name		Social security number
Permanent address (if different from subscriber)		Date of birth (mm/dd/yyyy)
City	State	ZIP Code

<b>Section 3: Student Dependent Signature</b> <i>Optional but preferred</i>	
<p><b>By signing this form, I give PEBB permission to use my social security number to verify my school enrollment through a secure online database of national student records.</b> I understand this may help my family avoid sending a hard copy of my transcript as part of PEBB's student enrollment verification requirements.</p> <p><b>HCA's Privacy Notice:</b> We will keep your information private as allowed by law. You can see our Privacy Notice online at <a href="http://www.hca.wa.gov">www.hca.wa.gov</a> or call 360-923-2822 to request a copy.</p>	
Student dependent's signature _____	Date _____

**Section 4: Subscriber Attestation and Signature** *Required*

By signing below, I, \_\_\_\_\_, attest that \_\_\_\_\_  
Print subscriber's name Print student's name

is age 20 through 23, unmarried (or if married, is a dependent under the Internal Revenue Code), and meets the eligibility criteria as stated in WAC 182-12-260(3).

**Check all boxes below that apply.**

**Note:** If your child is currently enrolled in PEBB, the information you attest to below applies to the first day of the month after your child's 20<sup>th</sup> birthday, or the first day of the month after his or her certification end date.

- My child is attending high school or is a registered student at an accredited secondary school, college, university, vocational school, or school of nursing.
- My child is not attending school, but is in his or her summer break or an off-quarter/semester and attended the last three quarters or two semesters in a row before the break. **He or she will attend the quarter or semester immediately following this break.**
- My child graduated (successfully completed studies to earn a degree or certificate) on \_\_\_\_\_.  
(mm/dd/yyyy)
- My child is a new student. He or she was not registered in an accredited school last quarter/semester and didn't attend three of the last four quarters or two of the last three semesters in a row within the last 12 months. (My child has not been continuously enrolled in school). My child is registered to begin school on \_\_\_\_\_.  
(mm/dd/yyyy)
- My child is a new student due to a qualifying special open enrollment event, such as loss of other group coverage. See WAC 182-12-262 for details. The PEBB Program may request proof of a qualifying event.

**Name of school** \_\_\_\_\_

**City, State** \_\_\_\_\_

I also understand that I must notify the PEBB Program in writing no later than **60 days** after a change in one of the above situations. **If I don't, my student dependent may lose the right to continue any PEBB coverage.** I also understand the PEBB Program may cancel my student's coverage if I don't respond to a written request to verify my student's school enrollment.

By signing this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in PEBB rules, I must repay any claims paid by my health plan or premiums paid on my behalf. My student may also lose PEBB benefits as of the last day of the month he or she is eligible as a student. I also understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, denial of PEBB benefits, and loss of my job.

The PEBB Program has the right to request completion of this form and copies of my student's transcripts to make decisions about eligibility or enrollment. This form replaces all previous PEBB student forms I have submitted for PEBB benefits.

**HCA's Privacy Notice:** We will keep your information private as allowed by law. You can see our Privacy Notice online at [www.hca.wa.gov](http://www.hca.wa.gov) or call 360-923-2822 to request a copy.

**Michelle's Law (Public Law 110-381):** If a student becomes seriously ill or injured and requires a medically necessary leave of absence from attending school, his or her coverage may continue if qualified under law. Contact PEBB at 1-800-200-1004 for more information.

Subscriber's signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to:**

Washington State Health Care Authority  
PEBB Program  
P.O. Box 42684  
Olympia, WA 98504-2684

**or fax to:**

360-923-2608