

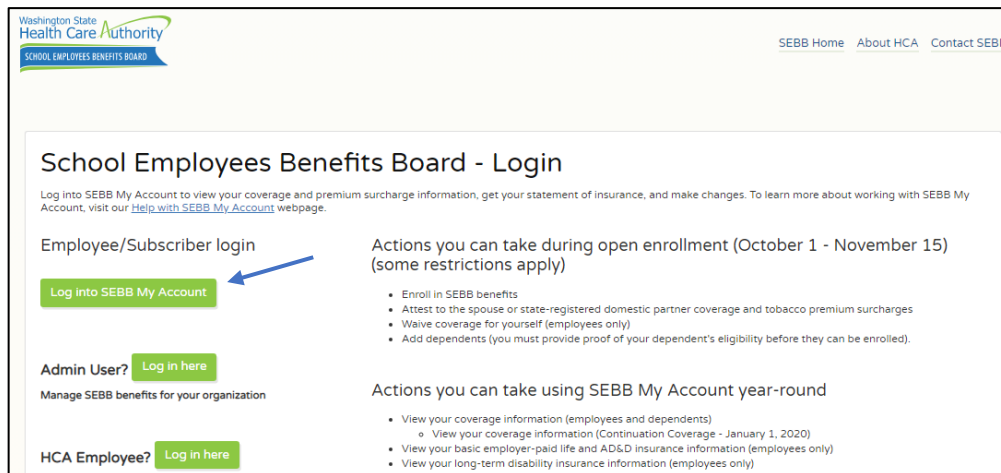
How to Report a Special Open Enrollment (SOE):

Certain events let you make account changes (like changing plans or enrolling a dependent) outside of the annual open enrollment. A [special open enrollment event](#) must be an event other than an employee gaining initial eligibility for SEBB benefits, such as birth, marriage, or loss of other coverage.

You must upload proof of the event that created the special open enrollment to [SEBB My Account](#) **no later than 60 days** after the event. For more information please see [SEBB Administrative Policy 45-2](#) and [Addendum 45-2A](#). Addendum 45-2A provides further details on eligibility documentation required specific to the event.

In many instances, the date your change is received affects the effective date of the change in enrollment. Enrollment for a newborn or adopted child will be effective on the date of birth or adoption. All other SOEs will be effective the 1st of the month following the date when all required verification is uploaded in SEBB My Account.

1. Login to SEBB My Account at myaccount.hca.wa.gov.



Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

SEBB Home About HCA Contact SEBB

School Employees Benefits Board - Login

Log into SEBB My Account to view your coverage and premium surcharge information, get your statement of insurance, and make changes. To learn more about working with SEBB My Account, visit our [Help with SEBB My Account](#) webpage.

Employee/Subscriber login

[Log into SEBB My Account](#)

Admin User? [Log in here](#)
Manage SEBB benefits for your organization

HCA Employee? [Log in here](#)

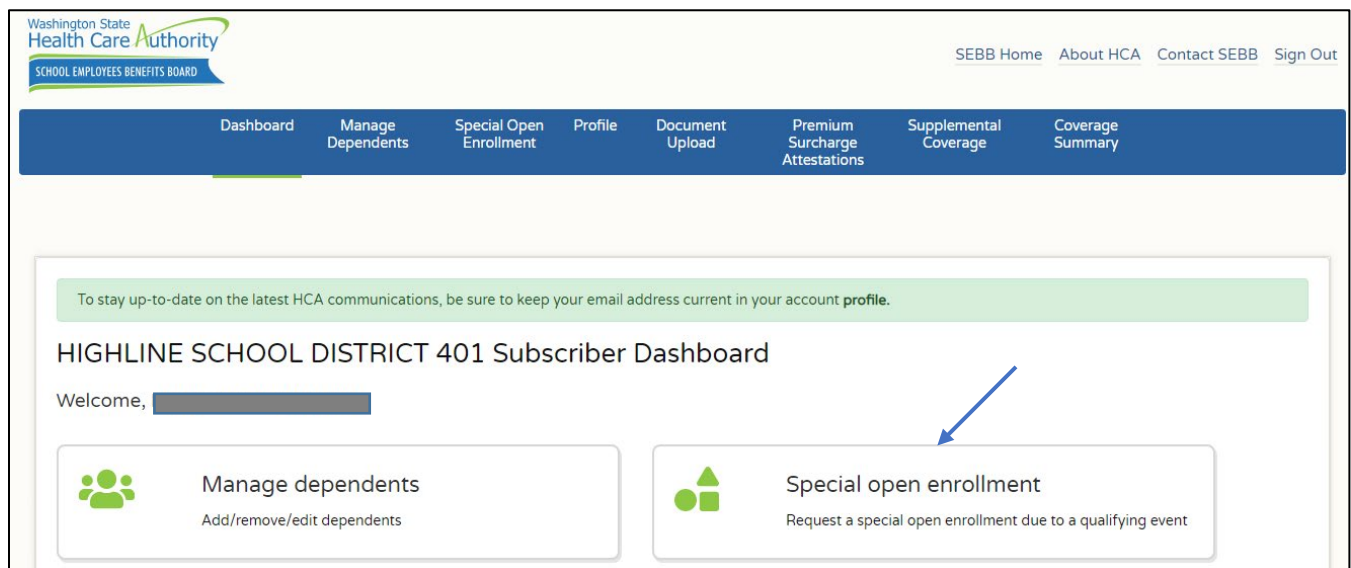
Actions you can take during open enrollment (October 1 - November 15) (some restrictions apply)

- Enroll in SEBB benefits
- Attest to the spouse or state-registered domestic partner coverage and tobacco premium surcharges
- Waive coverage for yourself (employees only)
- Add dependents (you must provide proof of your dependent's eligibility before they can be enrolled).

Actions you can take using SEBB My Account year-round

- View your coverage information (employees and dependents)
 - View your coverage information (Continuation Coverage - January 1, 2020)
- View your basic employer-paid life and AD&D insurance information (employees only)
- View your long-term disability insurance information (employees only)

2. Select 'Special Open Enrollment' from the dashboard.



Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD


SEBB Home About HCA Contact SEBB Sign Out


Dashboard Manage Dependents **Special Open Enrollment** Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary

To stay up-to-date on the latest HCA communications, be sure to keep your email address current in your account [profile](#).

HIGHLINE SCHOOL DISTRICT 401 Subscriber Dashboard

Welcome, [Name]

 **Manage dependents**
Add/remove/edit dependents

 **Special open enrollment**
Request a special open enrollment due to a qualifying event

3. Report the event type and date of the event. Click submit.

Special Open Enrollment

Special open enrollment guidelines

A special open enrollment is a period of time after specific life events (such as a birth or marriage) when subscribers may make changes outside of the SEBB Program's annual open enrollment. During the special open enrollment, subscribers may, change health plans, enroll or remove dependents from coverage, or enroll in or waive enrollment in SEBB medical. Employees eligible to participate in the salary reductions plan may enroll in or revoke their election (or make a new election) under the Dependent Care Assistance Program, Medical Flexible Spending Arrangement, or the premium payment plan.

The SEBB Program allows changes outside of the SEBB Program's annual open enrollment when certain events create a special open enrollment. The change in enrollment must be allowable under the Internal Revenue Code and Treasury Regulations, and correspond to and be consistent with the event that creates the special open enrollment for the employee, the employee's dependents, or both.

The Internal Revenue Code and Treasury Regulations require the change must correspond and be consistent with the event that affects eligibility for coverage.

You must provide proof of the event that created the special open enrollment (for example, a marriage certificate or birth certificate).

Submit a request for special open enrollment:

Select the applicable event*

4. Select the event type to see the actions available under the SOE. Actions available will differ by the event selected. If the event allows for adding a dependent, you will be presented with an initial question "Are you adding dependent(s) as part of this SOE request?"

| | Event type | Event date | Status | Reason | Enrollment pe... | Manage |
|---------------------------------------|-------------------|------------|--------|----------|------------------|---|
| + <input checked="" type="checkbox"/> | Birth or Adoption | 6/4/2021 | Draft | Received | 8/3/2021 | <input type="button" value="Submit"/> <input type="button" value="Delete"/> |

1 - 1 of 1 items

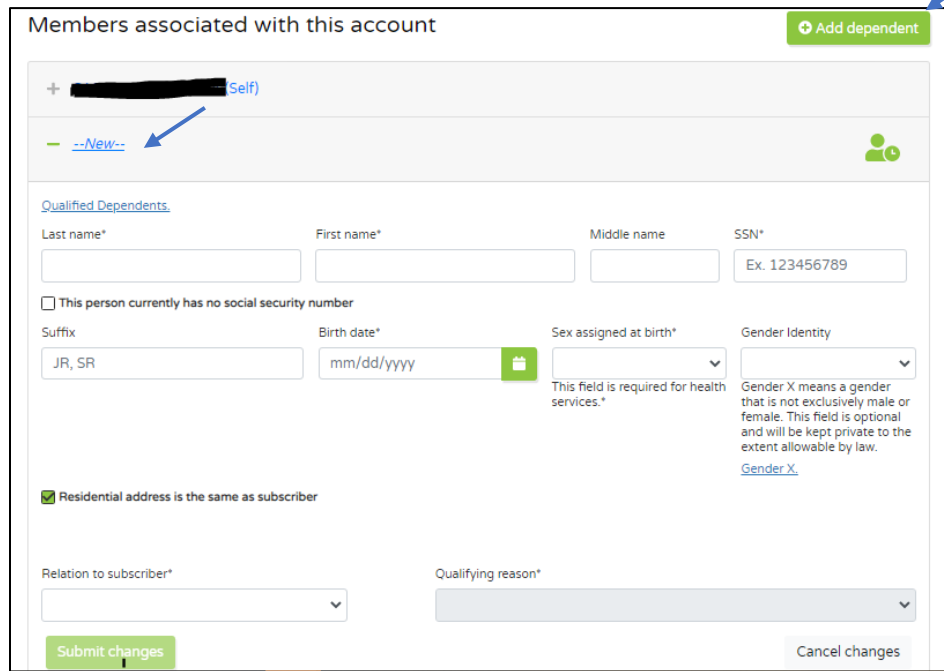
Are you adding dependent(s) as part of this SOE request?

☒ Yes ☐ No

Actions available under your special open enrollment for **Birth or Adoption** on **Jun 4, 2021** :

1 Add Dependents 2 Submit documentation for dependent(s) ☒ Make attestations

5. Start with Step 1, Add Dependents. Fill in your dependent's demographic information and relationship to subscriber. If they don't have a SSN yet check the box 'This person currently has no social security number'. **Once you receive the SSN, make sure to return to SEBB My Account to update their information.**



Members associated with this account ➕ Add dependent

+ [Redacted] (Self)

--New--

[Qualified Dependents](#)

Last name* First name* Middle name SSN*
Ex. 123456789

☐ This person currently has no social security number

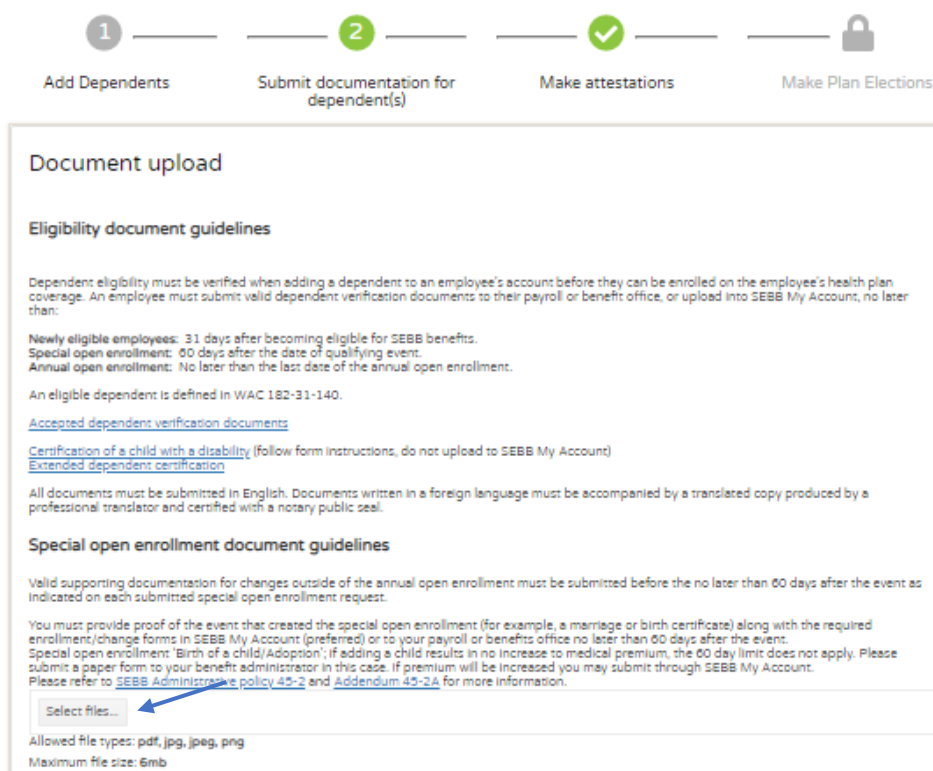
Suffix Birth date* Sex assigned at birth* Gender Identity
JR, SR mm/dd/yyyy This field is required for health services.* Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. [Gender X](#)

☒ Residential address is the same as subscriber

Relation to subscriber* Qualifying reason*

Submit changes Cancel changes

6. Click on step 2, submit documentation for dependents. **Upload dependent verification documents and proof of the qualifying event.** [What are valid dependent verification documents?](#)



1 Add Dependents 2 Submit documentation for dependent(s) 3 Make attestations 4 Make Plan Elections

Document upload

Eligibility document guidelines

Dependent eligibility must be verified when adding a dependent to an employee's account before they can be enrolled on the employee's health plan coverage. An employee must submit valid dependent verification documents to their payroll or benefit office, or upload into SEBB My Account, no later than:

- Newly eligible employees: 31 days after becoming eligible for SEBB benefits.
- Special open enrollment: 60 days after the date of qualifying event.
- Annual open enrollment: No later than the last date of the annual open enrollment.

An eligible dependent is defined in WAC 182-31-140.

[Accepted dependent verification documents](#)

[Certification of a child with a disability](#) (follow form instructions, do not upload to SEBB My Account)

[Extended dependent certification](#)

All documents must be submitted in English. Documents written in a foreign language must be accompanied by a translated copy produced by a professional translator and certified with a notary public seal.

Special open enrollment document guidelines

Valid supporting documentation for changes outside of the annual open enrollment must be submitted before the no later than 60 days after the event as indicated on each submitted special open enrollment request.

You must provide proof of the event that created the special open enrollment (for example, a marriage or birth certificate) along with the required enrollment/change forms in SEBB My Account (preferred) or to your payroll or benefits office no later than 60 days after the event.

Special open enrollment: 'Birth of a child/Adoption'; if adding a child results in no increase to medical premium, the 60 day limit does not apply. Please submit a paper form to your benefit administrator in this case. If premium will be increased you may submit through SEBB My Account. Please refer to [SEBB Administrative policy 45-2](#) and [Addendum 45-2A](#) for more information.

Select files...

Allowed file types: pdf, jpg, jpeg, png
Maximum file size: 6mb

7. Click on step 3 and make attestations as appropriate.
8. Complete Make Plan Elections to select or change your plans, and elect the coverage that you want for yourself and/or dependents. Change the medical, dental and/or vision dropdowns to 'Yes' for each type of coverage you would like to enroll the dependent in. Scroll down and click 'Continue' and then 'Accept' to submit the changes.


Benefits coverage enrollments for 2021

This is your current enrollment and will remain effective May 1, 2021 unless you make changes.

Coverage effective May 1, 2021

Subscriber name: [REDACTED]
 County of residence: King
 2021 Medical plan: Kaiser Permanente WA SoundChoice
 2021 Dental plan: Willamette Dental of Washington, Inc.
 2021 Vision plan: EyeMed Vision Care
 2021 Life plan: MetLife
 2021 AD&D plan: Employee AD&D

Need more help deciding on plans?
 Let [ALEX](#) walk you through this.



Subscriber and dependents enrollment (Effective May 1, 2021)

Enroll dependents for the upcoming plan year. Select Yes from the drop-down next to the dependent you wish to enroll for each type of coverage. Your dependents will be enrolled in the same plans as you.

| Member Name | Enroll in MEDICAL coverage | Enroll in DENTAL coverage | Enroll in VISION coverage |
|-------------|----------------------------|---------------------------|---------------------------|
| [REDACTED] | Yes | Yes | Yes |
| [REDACTED] | No | No | No |

You must continue below in order to save changes.

9. Download a summary of coverage elections to review your changes. Summary of Coverage Elections reflects the elections made, but are not necessarily in effect until your request is approved by your benefits administrator.

Download a summary of coverage elections

[Download](#) [Return to coverage elections](#)

Proceed to [Supplemental Coverage](#) options (LTD, Life/AD&D, HSA, FSA/DCAP, SmartHealth)

10. Once all steps have been completed, the **Submit** button will be engaged. Click submit. The request will then go to your Benefit Administrator to review and verify.

Please note, your Special Open Enrollment request and dependents will remain as "pending" until all valid documentation is submitted. If acceptable documentation isn't submitted by the 61st day of your event, your request will be denied.

Visit <https://hca.wa.gov/sebb-employee> for more information, or contact Human Resources at 206-631-3059 or benefits@highlineschools.org.