

# SEIB FORMS GUIDE

## Active State Employee Forms

Form #	Form Name	Form Uses
IB02	Active Employee Enrollment	<ul style="list-style-type: none"> <li>• Enroll new employees</li> <li>• Decline coverage for new employees</li> <li>• Re-enroll employees returning from LWOP</li> </ul>
IB03	Status Change Form	<ul style="list-style-type: none"> <li>• Cancel part-time employee coverage</li> <li>• Drop dependent coverage</li> <li>• Cancel a dependent</li> <li>• Add dependent coverage</li> <li>• Add a dependent to existing coverage</li> <li>• Change address, telephone number and e-mail address</li> </ul>
IB05	Non-Tobacco User Discount Application	<ul style="list-style-type: none"> <li>• Apply for the Non-Tobacco User Discount</li> </ul>
IB06	Annual Tobacco User Discount Application	<ul style="list-style-type: none"> <li>• Apply for Annual Tobacco User Discount</li> </ul>
IB07	Post Wellness Screening Qualification Form	<ul style="list-style-type: none"> <li>• Provide proof that identified health risks have been addressed</li> </ul>
IB09	Revoke Election Form	<ul style="list-style-type: none"> <li>• Cancel dependent coverage outside of Open Enrollment</li> </ul>
IB10	Refund Request Form	<ul style="list-style-type: none"> <li>• Request a refund of premiums paid in error</li> </ul>
IB11	COBRA Notice Form	<ul style="list-style-type: none"> <li>• Optional form if Personnel Form 11 is not used</li> </ul>
IB12	Federal Poverty Level Discount Application	<ul style="list-style-type: none"> <li>• Apply for the Federal Poverty Level Discount</li> </ul>
IB13	Provider Screening Form	<ul style="list-style-type: none"> <li>• Apply for the Wellness Premium Discount</li> </ul>
IB14	Plan Change Form	<ul style="list-style-type: none"> <li>• Change plans for existing employees</li> <li>• Change plans during Open Enrollment</li> <li>• Re-enroll when coverage was declined</li> <li>• Decline coverage for existing employees</li> </ul>
IB17	Re-Employed State Retiree Health Insurance Form	<ul style="list-style-type: none"> <li>• State retiree is re-employed with a state agency</li> </ul>
IB25	Spousal Surcharge Waiver Form	<ul style="list-style-type: none"> <li>• Apply for the Spousal Surcharge Waiver</li> </ul>
IB27	Unemployed or Retired Spouse Verification	<ul style="list-style-type: none"> <li>• Submit with Spousal Surcharge Waiver Form if spouse has retired or become unemployed since last filed tax return</li> </ul>

## Retired State Employee Forms

Form #	Form Name	Form Uses
IB03	Status Change Form	<ul style="list-style-type: none"> <li>• Drop dependent coverage</li> <li>• Add dependent coverage</li> <li>• Cancel a dependent</li> <li>• Add a dependent to existing coverage</li> <li>• Change address, telephone number and e-mail address</li> </ul>
IB04	Retiree Enrollment Form	<ul style="list-style-type: none"> <li>• Re-enroll when coverage was declined</li> </ul>
IB05	Non-Tobacco User Discount Application	<ul style="list-style-type: none"> <li>• Apply for the Non-Tobacco User Discount</li> </ul>
IB06	Annual Tobacco User Discount Application	<ul style="list-style-type: none"> <li>• Apply for Annual Tobacco User Discount</li> </ul>
IB07	Post Wellness Screening Qualification Form	<ul style="list-style-type: none"> <li>• Provide proof that identified health risks have been addressed</li> </ul>
IB12	Federal Poverty Level Discount Application	<ul style="list-style-type: none"> <li>• Apply for the Federal Poverty Level Discount</li> </ul>
IB13	Provider Screening Form	<ul style="list-style-type: none"> <li>• Apply for the Wellness Premium Discount</li> </ul>
IB14	Plan Change Form	<ul style="list-style-type: none"> <li>• Change plans for existing retirees</li> <li>• Change plans during Open Enrollment</li> <li>• Decline coverage for existing retirees</li> </ul>
IB16	Retiree Employment Verification Form	<ul style="list-style-type: none"> <li>• Declare a change in employment status</li> </ul>
IB17	Re-Employed State Retiree Health Insurance Form	<ul style="list-style-type: none"> <li>• State retiree is re-employed with a state agency</li> </ul>
IB18	Retiree Years of Creditable Coverage Form	<ul style="list-style-type: none"> <li>• Verify years of creditable coverage</li> </ul>
IB19	Electronic Funds Transfer Authorization Agreement (Bank Draft Form)	<ul style="list-style-type: none"> <li>• Apply for automatic bank draft payments</li> </ul>
IB27	Unemployed or Retired Spouse Verification	<ul style="list-style-type: none"> <li>• Submit with Spousal Surcharge Waiver Form if spouse has retired or become unemployed since last filed tax return</li> </ul>
IB28	Retiree Spousal Surcharge Waiver Form	<ul style="list-style-type: none"> <li>• Apply for Spousal Surcharge Waiver</li> </ul>