

# SEBB Enrollment: How to Steps in Pictures

Part I: Register in SAW – Secure Access Washington – to create your SEBB My Account.

Part II: Log into your SEBB My Account, enroll dependents and dependent verification if any.

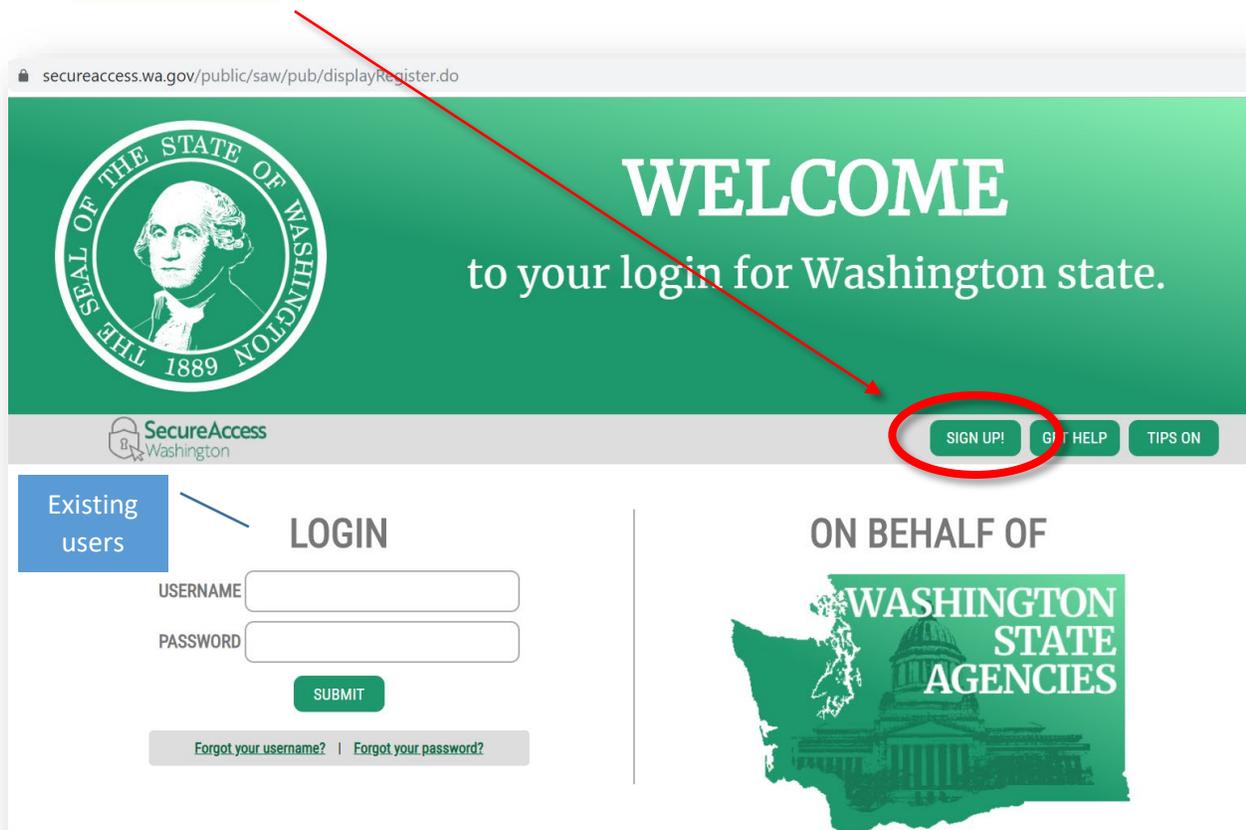
Preferred Browser: Google Chrome

Acceptable Browsers: Edge, IE, Firefox, Safari

COBRA, Unpaid Leave: Subscribers **must use** SEBB Continuation Coverage Enrollment forms.

## Part I: Register in SAW – Secure Access Washington – to create your SEBB My Account.

1. Go to [SEBB MyAccount](#) located on the SJISD [Benefits](#) page @ <https://www.sjisd.wednet.edu/Page/198>
2. Click on **SIGN UP!**



3. The window below will open. Enter,

- a. Your **name**
- b. **Personal** email address
- c. A **username** of your choice
- d. A **password** of your choice that follows the password requirements
- e. Click **I am not a robot** at the bottom
- f. Click **SUBMIT**

**SIGN UP!** ✕

Not sure if you already have an account? [CHECK NOW](#)

FIRST NAME

LAST NAME

EMAIL

USERNAME

**PASSWORD REQUIREMENTS**

Add at least 10 more characters  
Add a special character or a lower case letter or an uppercase letter or a number

PASSWORD

CONFIRM PASSWORD

I'm not a robot 

[Privacy Notice](#) [SUBMIT](#)

4. The **CHECK YOUR EMAIL** screen below will appear. [You can check your email from your mobile phone then return to your computer to complete the steps.]

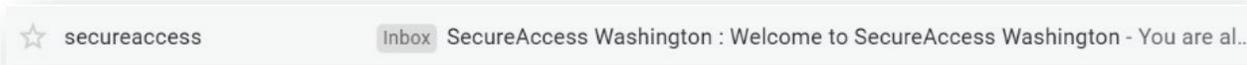
**SIGN UP!** ✕

Not sure if you already have an account? [CHECK NOW](#)

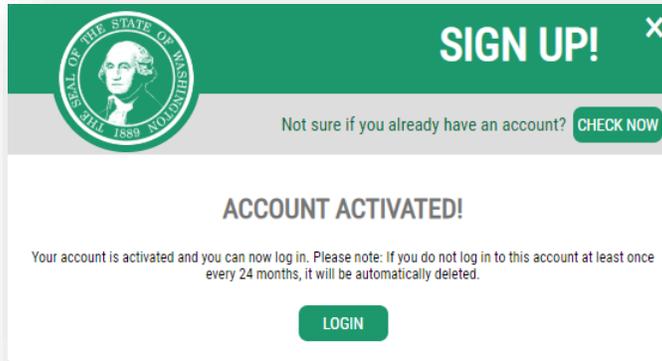
**CHECK YOUR EMAIL**

An activation link has been sent to your email. You must click the link to activate your account before you can login.

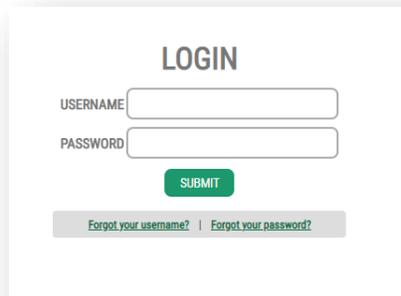
➤ You should see an email from **SecureAccess Washington** as in the screen shot below



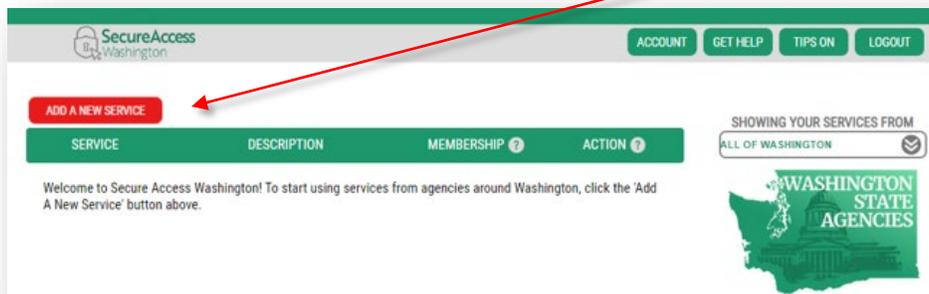
5. Click on the **confirmation link** within the **SecureAccess** email and **ACCOUNT ACTIVATED** screen will appear, as shown below. Click **LOGIN**.



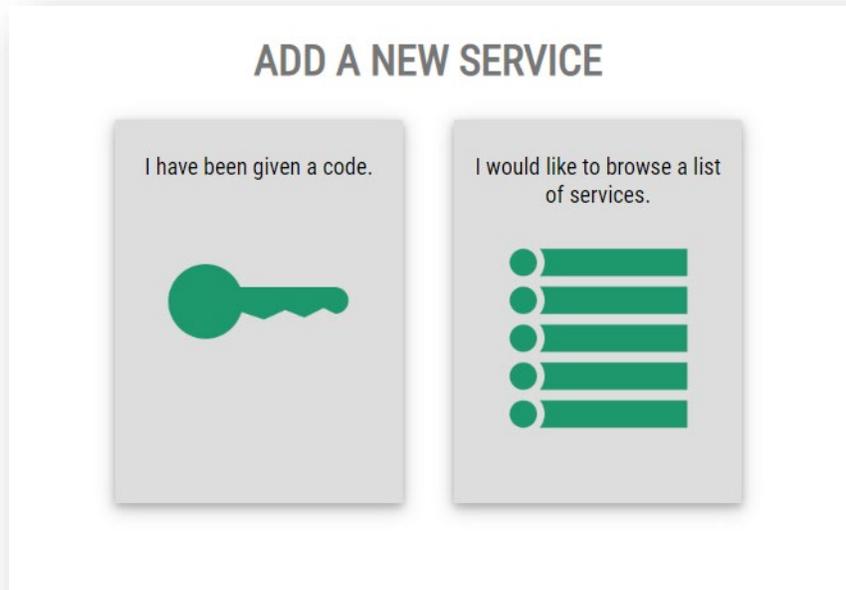
6. Enter the user ID and password you created and click **SUBMIT**.



6. Once you login, you will arrive at the **ADD A NEW SERVICE** screen. Click **ADD NEW SERVICE**.



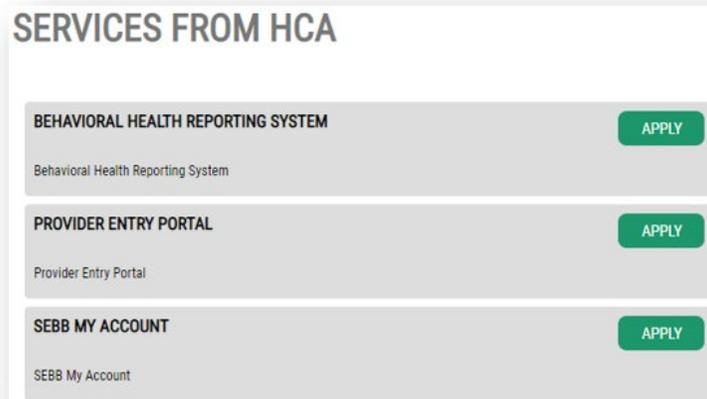
7. Click, 'I would like to browse a list of services'.



8. Select **Health Care Authority**



9. Select **SEBB MY ACCOUNT**



10. **CONGRATULATIONS!** Your **SEBB MyAccount** registration is now complete and you can now login to your account to enroll yourself and your dependents: [SEBB My Account https://myaccount.hca.wa.gov/](https://myaccount.hca.wa.gov/)

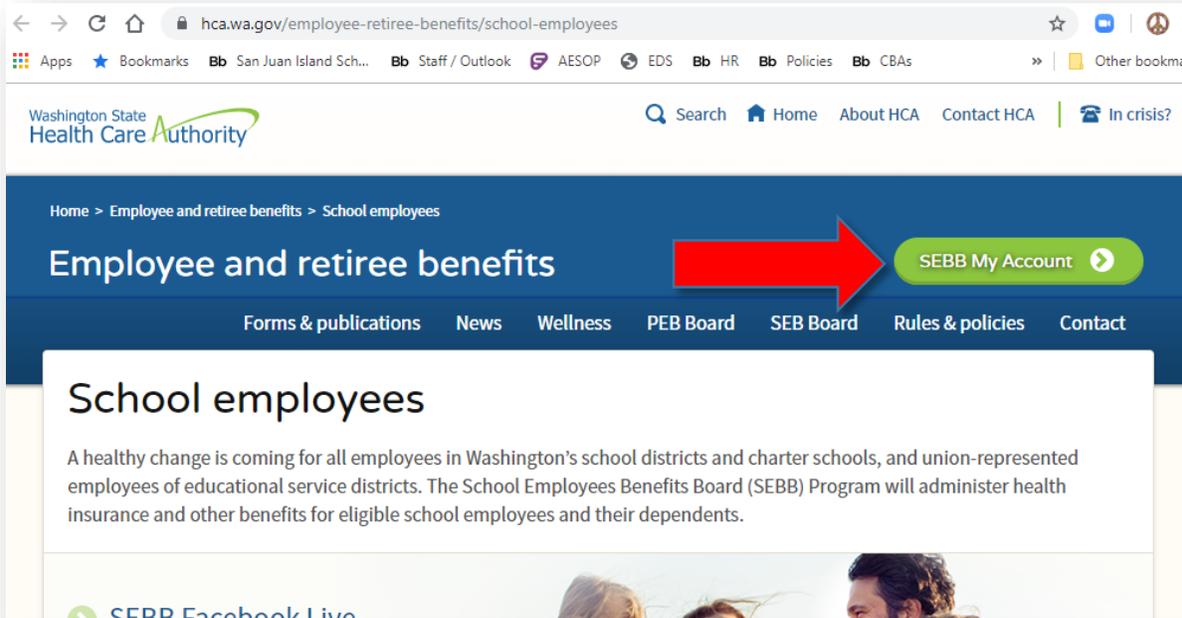
## REGISTRATION COMPLETE

This service has been added to your list and is ready for you to start accessing.

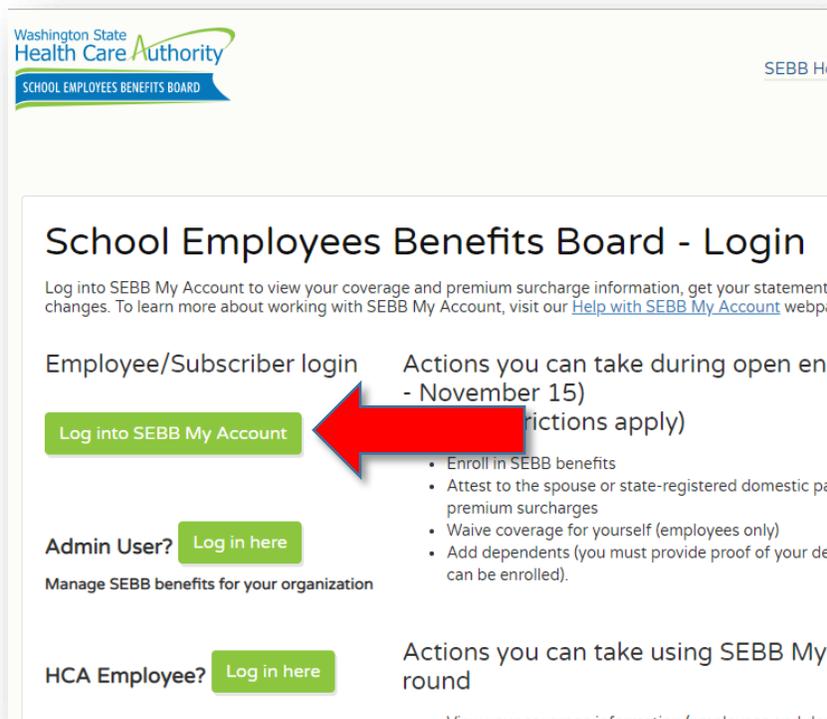
OK

**Part II: Log into your SEBB My Account, enroll dependents and dependent verification if any.**

1. Go to SJISD HR | Employee Benefits and click on [SEBB MyAccount](#) at the top.
2. In the window that opens, click on **SEBB MyAccount**.



3. Click on Log into **SEBB MyAccount**



4, Enter the **USERNAME** and **PASSWORD** you created then click **SUBMIT**

THE SEAL OF THE STATE OF WASHINGTON  
1889

Your login for Washington state.

[SIGN UP!](#) [GET HELP](#) [TIPS ON](#)

### LOGIN

USERNAME

PASSWORD

[SUBMIT](#)

[Forgot your username?](#) | [Forgot your password?](#)

ON BEHALF OF

WASHINGTON STATE AGENCIES

5. Enter your **verification** information then click **Verify my information**.

### Verification

Thank you for logging in to SEBB My Account - Please provide the following information so we can first verify that we have you in our SEBB subscriber records.

#### Subscriber verification - Step 1 of 2

Subscriber last name\*

Subscriber date of birth\*

Last 4 digits of subscriber SSN\*

[Verify my information](#)

6. Provide **security questions**, the click **Claim this account & go to dashboard**.

## Verification

Thank you for logging in to SEBB My Account - Please provide the following information so we can first verify that we have you in our SEBB subscriber records.

### Subscriber verification - Step 2 of 2

We found the following record matching the information you provided:

Name: JILLIAN SANDWITH  
Employer: SAN JUAN ISLAND SCHOOL DISTRICT 149

Please select three security questions and enter your answers - these questions will be used if you need to recover your account in the future.

Security question 1\*

Security question 1 answer\*

Security question 2\*

Security question 2 answer\*

Security question 3\*

Security question 3 answer\*

[Claim this account & go to dashboard](#)

[Back](#)

7. Review terms of service then click **Accept**.

## SEBB My Account Terms of Use:

contracted business partners' websites may transfer cookies to your computer, even if you access their websites through a link posted on the HCA's or the SEBB Program's websites. Please check the privacy policies of the SEBB Program's contracted business partners to see what policies they have on cookies and similar programs.

### 8. Governing law

The laws of the State of Washington govern the terms of this agreement.

### 9. Limit of liability and indemnification

To the fullest extent permitted by law, by agreeing to this agreement, you also agree to indemnify and hold harmless the HCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and employees, from and against all claims arising out of or resulting from this agreement. Claims means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable for bodily injury sickness, disease, death, injury, or destruction of tangible property including loss of use.

You expressly agree to indemnify and hold harmless the HCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and employees, for any claim arising out of or incident to this agreement. Your obligation to indemnify and hold harmless will not be eliminated by any actual or alleged concurrent negligence of HCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and employees.

### 10. No waiver

The failure of the HCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and employees to enforce their rights under this agreement will not be deemed a waiver by that party as to subsequent enforcement of rights.

### 11. Severance

If any part of this agreement is declared void by any court of appropriate jurisdiction, such declaration will have no effect on the remaining parts.

### 12. Termination and amendment of agreement

This agreement is effective until amended or terminated by the HCA, the SEBB Program, the State of Washington, its officials, agents, and employees. The HCA, the SEBB Program, the State of Washington, its officials, agents, and employees may amend or terminate all or part of this agreement at any time without notice to you. The most current version of this agreement can be found on the My Medical/Dental Coverage page in the "My Account" system by selecting the Subscribe/Unsubscribe to Email Service link, and on the SEBB Program's website.

### 13. Permission

By selecting "Accept" below, you are granting the SEBB Program permission to use and share your email address under the terms of this agreement. You understand that if you feel you have received an email that violates the terms of this agreement, you may contact the SEBB Program at 1-800-200-1004 to report it.

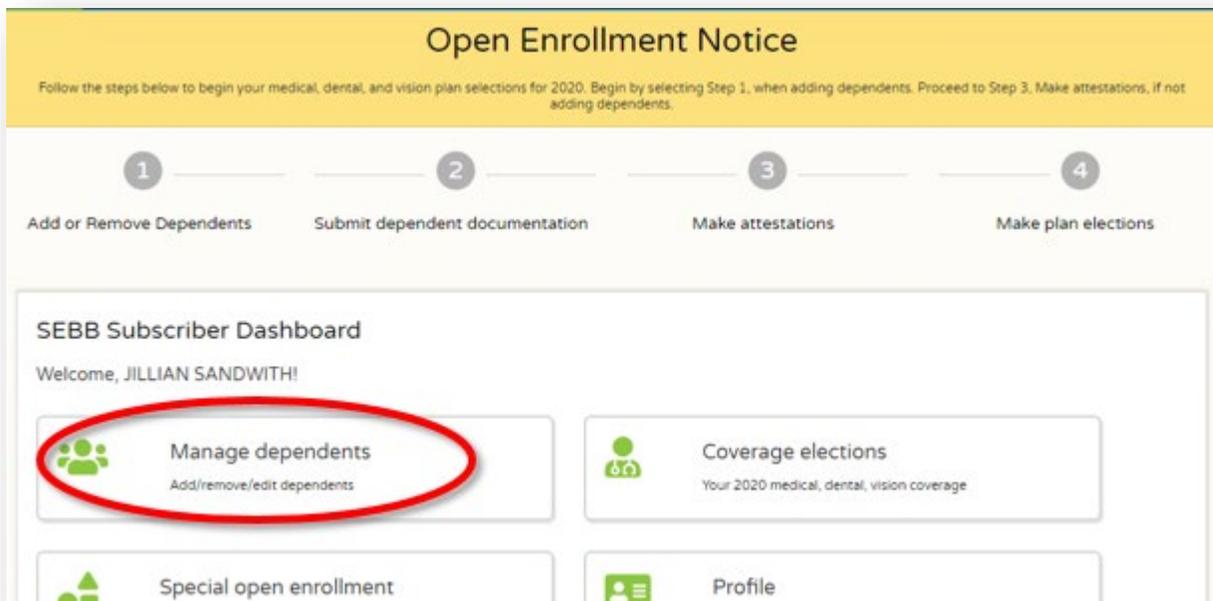
If you select "Decline," you understand that the SEBB Program will not use or share your email address under the terms of this agreement.

This agreement replaces any previous versions of the SEBB Program's Terms of Use for its "My Account" system.

[Accept](#)

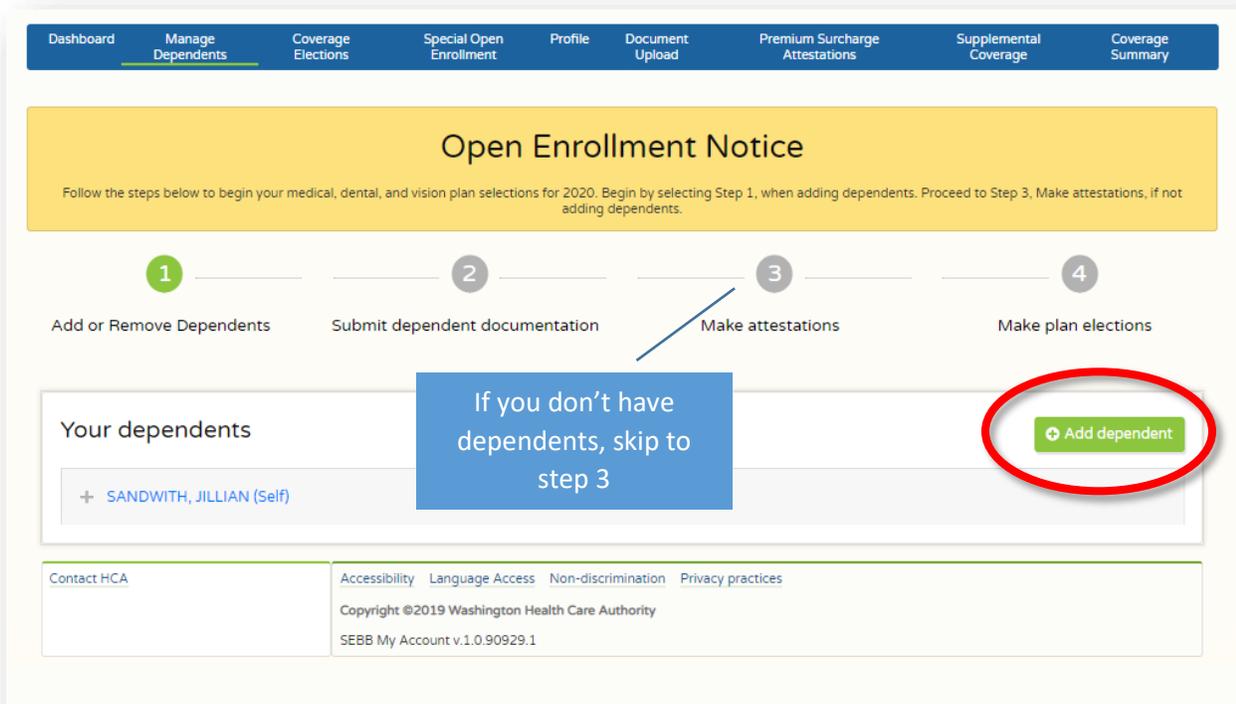
[Decline](#)

8. Click **Manage Dependents**, even if you don't have any!



9. Click on your name to verify your personal information and add your personal email address. (Screenshot not shown.) Then

- if you have dependents, click **Add Dependents**.
- If you don't have dependents, skip to step **3**, Make Attestations



10. Enter information for your first dependent then click **Submit Changes**.

The screenshot shows a web interface for managing dependents. At the top, a progress bar has four steps: 1. Add or Remove Dependents (highlighted in green), 2. Submit dependent documentation, 3. Make attestations, and 4. Make plan elections. Below the progress bar is a section titled "Your dependents" with an "Add dependent" button. A list shows one dependent: SANDWITH, JILLIAN (Self). Below the list is a form for adding a new dependent. The form includes fields for Last name\*, First name\*, Middle name, SSN\*, Suffix (JR, SR), Birth date\* (mm/dd/yyyy), Birth sex\*, and a checkbox for "Residential address is the same as subscriber" (checked). There are also dropdown menus for "Relation to subscriber\*" and "Qualifying reason\*". At the bottom of the form are three buttons: "Submit changes" (green), "Cancel changes", and "Remove dependent".

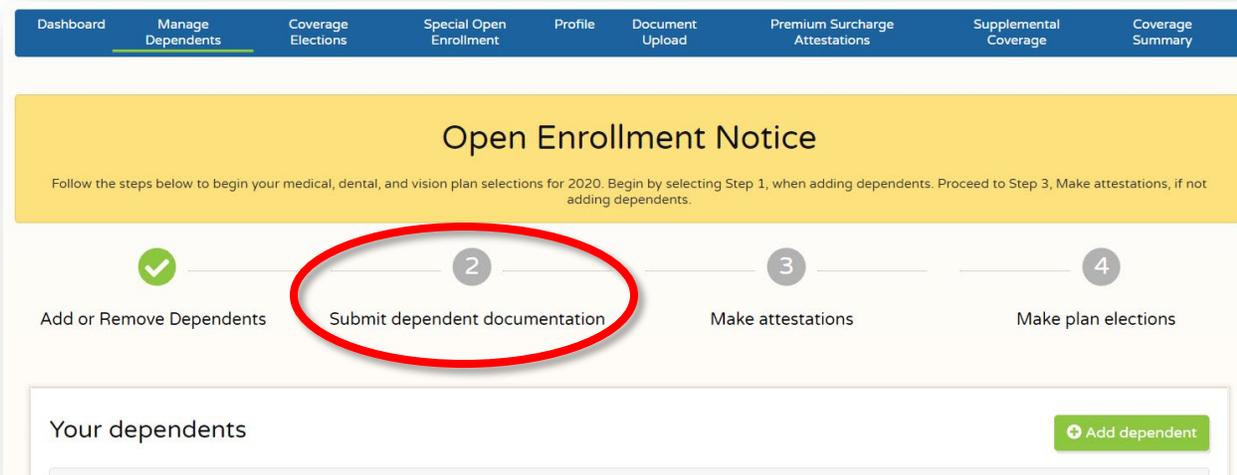
➤ When you click Submit the first time, this reminder will appear. Click **Submit changes** again.

You must provide proof of this dependent's eligibility within the SEBB Program's enrollment timelines or your dependent will not be enrolled. See [qualified dependents](#)

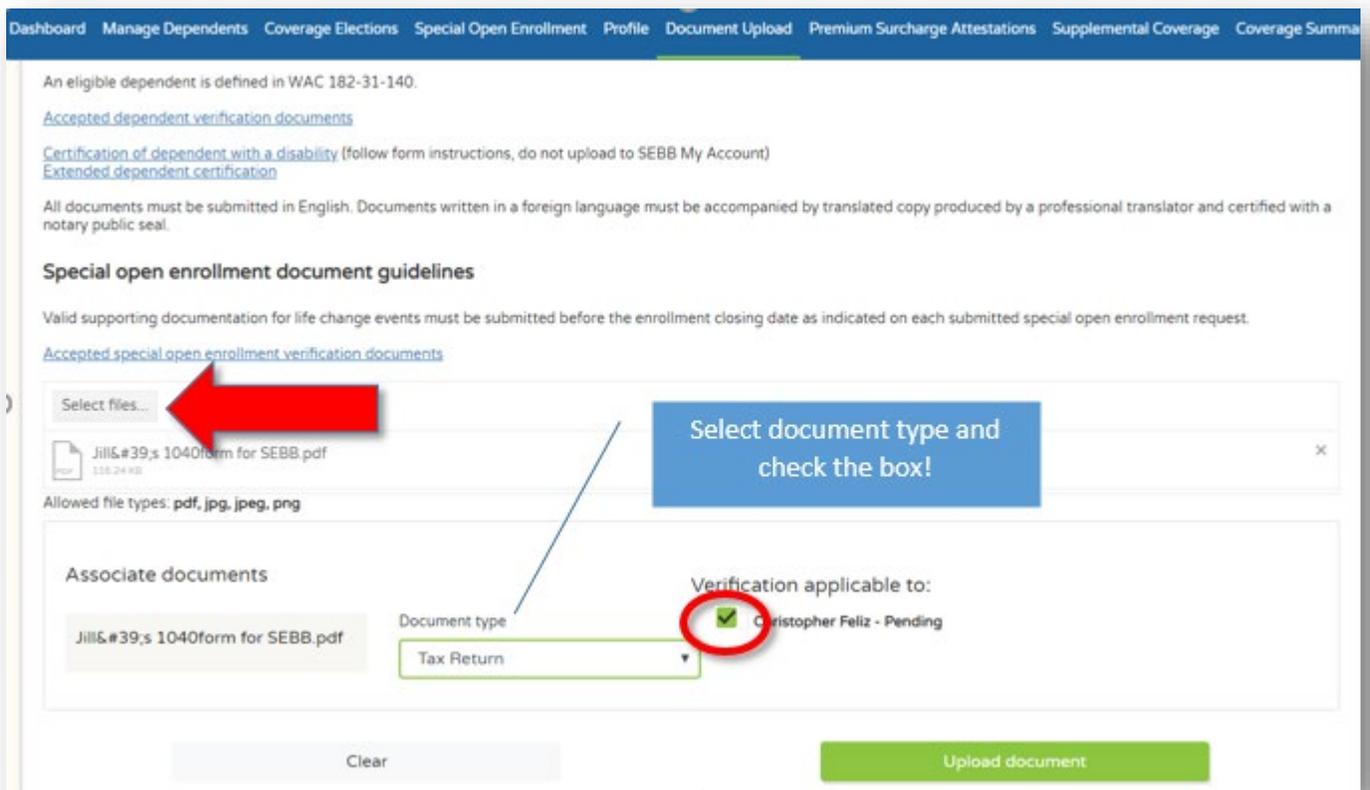
Submit changes

Cancel

11. Once you've added all of your dependents, advance to step **2** to **submit dependent documentation**



12. Click **Select files...**, browse to your file and upload, select document type from the pull down menu, check the box next to your dependent's name, and then click **Upload Document**.



13. Click **OK** to the **Confirmation of Proof of eligibility submission** (no screenshot)

14. Now, advance to step **3** **Make Attestations....**, provide **all** information requested. Don't forget the small checkbox at the bottom left of the page. Scroll all the way to the bottom....

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

## Open Enrollment Notice

Follow the steps below to begin your medical, dental, and vision plan selections for 2020. Begin by selecting Step 1, when adding dependents. Proceed to Step 3, Make attestations, if not adding dependents.

- 1 Add or Remove Dependents
- 2 Submit dependent documentation
- 3 **Make attestations**
- 4 Make plan elections

### Premium surcharge attestations

Verify that the surcharges below apply to you by checking the appropriate box(es) then click the **Continue** button at the bottom to submit.  
[Additional information on surcharges.](#)

### Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.  
Events that require a change: You must change your attestation when you or your enrolled family members' (ages 13 and older) tobacco use status changes. If you check **YES** or leave the checkboxes blank for yourself or any family members listed below, you will pay the monthly surcharge.  
**Note:** Enrolled family members ages 12 and younger are automatically defaulted to **NO**. You do not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Has this person used tobacco products in the last two months? If he or she is enrolled in our SEBB medical plan's tobacco cessation program (if age 18 or older) or has accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select **NO**.

Member name	Response <input type="radio"/> All YES? <input checked="" type="radio"/> All NO?	Date started tobacco use
JILLIAN SANDWICH	<input type="text" value="No"/>	<input type="text" value="mm/dd/yyyy"/>
Christopher Pelz	<input type="text" value="No"/>	<input type="text" value="mm/dd/yyyy"/>

### Spouse or state-registered domestic partner coverage premium surcharge

[Learn about this surcharge](#) before you change your attestation.

1. Are you covering your spouse or state-registered domestic partner in a School Employees Benefits Board (SEBB) medical plan under your account in 2020?  
 No  Yes
2. Will your spouse or state-registered domestic partner be eligible for medical coverage through their employer in 2020? (If your spouse or state-registered domestic partner will not be employed in 2020, answer **NO**.)  
 No  Yes
3. Will your spouse's or state-registered domestic partner's employer offer at least one medical plan that serves their county of residence in 2020?  
 No  Yes
4. Has your spouse or state-registered domestic partner elected not to enroll in their employer's medical (including PEBB coverage) in 2020?  
 No  Yes
5. Will the coverage for your spouse's or state-registered domestic partner's employer in 2020 **NOT** be through the SEBB Program or TRICARE? Answer **YES** if your spouse's or state-registered domestic partner's employer does not offer SEBB coverage or a TRICARE plan. Answer **NO** if your spouse's or state-registered domestic partner's employer offers SEBB coverage or TRICARE.  
 No  Yes
6. Will your spouse's or state-registered domestic partner's share of the medical premium through their employer be less than \$108.31 per month in 2020?  
 No  Yes

You may have to pay the spouse or state-registered domestic partner coverage surcharge in 2020. [Go to the 2020 spousal plan calculator](#) to determine.  
After completing the 2020 spousal plan calculator, did the calculator indicate the spouse or state-registered domestic surcharge coverage applies to you in 2020?  
 **Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2020.**  
 **No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2020.**

LEGAL NOTICE

15. At the bottom of the page, click **Continue** (No screenshot)

16. Click **OK** to the attestation reconfirmations that appear.

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

1 2 3 4

Add or Remove Dependents Submit dependent documentation Make attestations Make plan elections

### Your premium surcharge attestation changes

Attestation change alert

Based on your current attestations, you will NOT pay the \$25 tobacco use surcharge

Ok

Attestation change alert

Based on your current attestations, you will NOT pay the \$50 spousal surcharge.

Ok

17. Reconfirm again!

### Your premium surcharge attestation changes

Thank you!

If correct, select *Confirm*. To adjust your answer, select *Cancel*.

Generally, changes which result in adding or removing a surcharge will take effect the month following the status change. Changes received on the first day of the month will be effective that month. Changes made during annual open enrollment will be effective January 1 of the following plan year.

- You will NOT pay the \$25 tobacco use premium surcharge in addition to your monthly medical premium.
- You will NOT pay the \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium.

Confirm Cancel

18. After Confirming, you will land on the step 3 page, again. Advance to step **4**, **Plan Selections**

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

## Open Enrollment Notice

Follow the steps below to begin your medical, dental, and vision plan selections for 2020. Begin by selecting Step 1, when adding dependents. Proceed to Step 3, Make attestations, if not adding dependents.

1  
 Add or Remove Dependents

2  
 Submit dependent documentation

3  
 Make attestations

4  
Make plan elections

### Premium surcharge attestations

Verify that the surcharges below apply to you by checking the appropriate box(es) then click the [Continue](#) button at the bottom to submit. [Additional information on surcharges.](#)

### Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.  
**Events that require a change:** You must change your attestation when you or your enrolled family members' (ages 13 and older) tobacco use status changes. If you check YES or leave the checkboxes blank for yourself or any family members listed below, you will pay the monthly surcharge.  
**Note:** Enrolled family members ages 12 and younger are automatically defaulted to NO. You do not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Member name	Response	Date started tobacco use
	<input type="checkbox"/> All YES? <input checked="" type="checkbox"/> All NO?	
JILLIAN SANDWICH	No	mm/dd/yyyy
Christopher Felz	No	mm/dd/yyyy

### Spouse or state-registered domestic partner coverage premium surcharge

[Learn about this surcharge](#) before you change your attestation.

1. Are you covering your spouse or state-registered domestic partner in a School Employees Benefits Board (SEBB) medical plan under your account in 2020?  
 No       Yes
2. Will your spouse or state-registered domestic partner be eligible for medical coverage through their employer in 2020? (If your spouse or state-registered domestic partner will not be employed in 2020, answer NO.)  
 No       Yes

You may have to pay the spouse or state-registered domestic partner coverage surcharge in 2020. [Go to the 2020 spousal plan calculator](#) to determine.

After completing the 2020 spousal plan calculator, did the calculator indicate the spouse or state-registered domestic surcharge coverage applies to you in 2020?  
 Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2020  
 No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2020.

LEGAL NOTICE

By selecting the [Continue](#) button below:

- I declare that the information I have provided is true, complete, and correct if it isn't, or if I do not provide timely, updated information, I will owe surcharges to the SEBB Program.
- I declare that one (or more) of the event(s) above occurred that requires me to change my attestation to the tobacco use and/or spouse or state-registered domestic partner coverage surcharge, and that I'm reporting it within the SEBB Program's deadlines.
- I am replacing all Premium Surcharge Attestation forms, Premium Surcharge Change forms, and electronic surcharge attestations previously submitted.
- A change that results in a premium surcharge will begin the first day of the month following the status change (the date the family member(s) started using tobacco products), if that day is the first of the month, the change to the surcharge begins on that day (but no earlier than Jan 1, 2020).
- A change that results in removing the premium surcharge (family member(s) stopped using tobacco products or enrolled in your SEBB medical plan's tobacco cessation program) will begin the first day of the month following receipt of the attestation, if that day is the first of the month, the change to the surcharge begins on that day.
- If I pay my monthly premiums by pension deduction or Electronic Debit Service, I authorize the Department Of Retirement Systems or Health Care Authority to deduct any surcharge(s) owed from these accounts.

HCA's privacy notice: We will keep your information private as allowed by law. See Our [privacy notice](#).

▶ Continue

↻ Clear changes

19. **PLEASE READ IF YOU HAVE DEPENDENTS:** The plan UMP \$ rates listed default to employee only rates. If you have dependents, you must first scroll all the way down to the last box on the page and answer **Yes** to each coverage to be enrolled, as shown below. This will update plan rates at the top of the page. Do not hit 'Continue'!

Subscriber and dependents enrollment (Effective Jan 1, 2020)

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

Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage	Enroll in DENTAL coverage
Paul Newman	Yes	Yes	Yes
Joanne Woodward (pending)	Yes	Yes	Yes

20. Once you've subscribed your dependents (if any), scroll back to the top of the page to start making selections...be sure to select Medical, Dental and Vision, then click **Continue**.

✓  
 Add or Remove Dependents

✓  
 Submit dependent documentation

✓  
 Make attestations

4  
 Make plan elections

### Benefits coverage enrollments for 2020

Make any changes below and use the *continue* button at the bottom to submit.

Coverage effective Jan 1, 2020

<b>Subscriber name:</b>	CYNTHIA L MCVEIGH	 <p><i>Need more help deciding on plans?</i></p> <p>Let <a href="#">ALEX</a> walk you through this.</p>
<b>County of residence:</b>	San Juan	
<b>2020 Medical plan:</b>	Default -- not enrolled with a valid plan	
<b>2020 Dental plan:</b>	Default -- not enrolled with a valid plan	
<b>2020 Vision plan:</b>	Default -- not enrolled with a valid plan	
<b>2020 Life plan:</b>	MetLife	
<b>2020 AD&amp;D plan:</b>	Employee AD&D	

#### Select your medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	UMP Achieve 1	\$66
<input type="checkbox"/>	UMP Achieve 2	\$196
<input type="checkbox"/>	UMP High Deductible	\$50

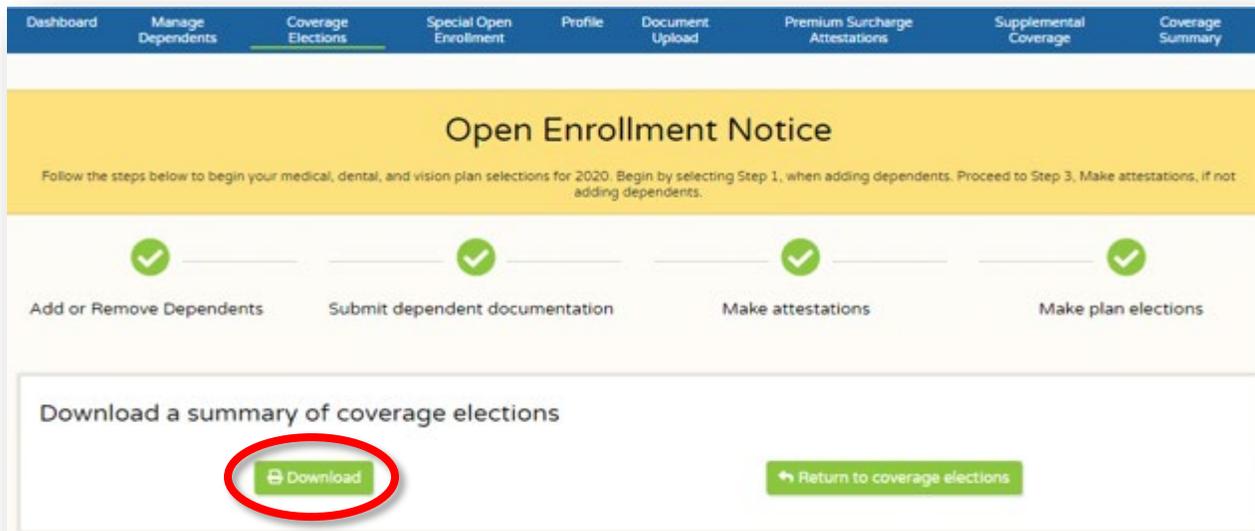
Waive medical coverage. Waiving coverage means you and your spouse / state-registered domestic partner / dependents will not have medical coverage until the next open enrollment period, or until you experience a special open enrollment based on a qualifying event.

Change your dental plan

[Compare medical plans.](#)  
[Medical plans available by county.](#)  
 Ensure that your provider of choice is available in your area. See [provider list](#).  
[Plan contact information.](#)

Scroll down to complete all plan selections

- 22. Click **Accept** if you accept the confirmations. (No screenshot)
- 23. Click **Confirm** if you accept the information to review. (No screenshot)
- 24. On the final screen, you have the choice to download a copy of your selections, or go back to review.



**Congratulations! Your enrollment is complete. You have until the end of SEBB Open Enrollment to make any changes to your selections, complete dependent verification uploads, or make any other changes.**