West Virginia Public Employees Insurance Agency
Plan Year 2027
Open Enrollment Transfer Form

Use this form to make changes in your coverage during Open Enrollment. You can save time and effort: skip this form and do your enrollment online at peia.wv.gov.

Policyholder's Legal Name:

Address:

City, State, Zip:

PEIA ID Number
County of Residence
Home Phone ( )
Work Phone ( )

E-mail address: _____

Tobacco Affidavit

Please mark which members of the family use tobacco and sign the affidavit. If none of the people enrolled on your coverage uses tobacco, you will receive any available discount on your health and life insurance premiums. Be sure to sign the bottom of the form.

Who uses tobacco: ❒ Policyholder ❒ Dependent (spouse and/or children) ❒ No Tobacco Users

Use this section to add or remove dependents in the boxes below. You must provide documentation to verify eligibility of any dependents you add.

Type of Coverage:

Legal Name (Last, First, MI) Use a separate sheet of paper for additional dependents	Relationship	Sex (M/F)	Birth Date	PEIA ID or Social Security Number	PCP (forThe Health Plan only) (indicate physician name and/or number)
Dependent - If dependant is a spouse, this requires a spousal surcharge affidavit ☐ Add Coverage ☐ Terminate Coverage ☐ Keep Coverage					
Dependent ☐ Add Coverage ☐ Terminate Coverage ☐ Keep Coverage					
Dependent ☐ Add Coverage ☐ Terminate Coverage ☐ Keep Coverage					
Dependent ☐ Add Coverage ☐ Terminate Coverage ☐ Keep Coverage					

You are CURRENTLY enrolled in:

To select a different plan for Plan Year 2027 (effective July 1, 2026), indicate your selection clearly by checking the box beside the plan name:

1		The Health Plan HMO Plan A
2		The Health Plan HMO Plan B
3		The Health Plan POS

4		PEIA PPB GOLD
5		PEIA PPB Silver

6		PEIA PPB GOLD HIGH DEDUCTIBLE
7		PEIA PPB WV BRONZE HIGH DEDUCTIBLE
8		Cancel health coverage. Keep life insurance only.

I certify that this information is correct, and agree that if this information changes, I will notify the plan of such change in writing. I acknowledge by signing this form that WVPEIA or its agents have access to my medical records to check my tobacco use status. I understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby transfer my health coverage to the health care plan indicated above effective July 1, 2026 through June 30, 2027, and authorize payroll deduction for my contribution. I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits. I hereby consent, for myself and my covered dependents, to the release to PEIA and to the plan I have selected of all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations. I understand that this change is binding through June 30, 2027, unless there is a qualifying event.

Employee Signature Date

Agency Information: To be completed by the benefit coordinator:

Agency Name	Account Number
Authorized Signature	Date

Open Enrollment Transfer Form Instructions

You don't have to complete this form because there's an easier way to do your enrollment. Go online at **peia.wv.gov** and click on the "Manage My Benefits" button. You can register and complete your enrollment all in one step. It saves time and money! Try it this year!

If you choose to do the paper form, **use a pen with blue or black ink** and follow these steps:

1) Verify your information at the top of the form and make any necessary corrections.

2) Complete the tobacco affidavit **only if your tobacco status has changed.** Remember that being "tobacco-free" means that a person does not use **any** form of tobacco. **You and your enrolled dependents must have been tobacco-free by January 1, 2026,** to get the discount for the full plan year. There are no discounts for basic or dependent life insurance.

   - **Complete the "Who Uses Tobacco" line:**
     - Mark the "Policyholder" box if the policyholder uses or has used tobacco since January 1, 2026. If you mark this box, you will not get the tobacco-free premium discount for health coverage or optional life insurance.
     - Mark the "Policyholder" and "Dependent" boxes if the policyholder and any enrolled dependent(s) use or have used tobacco since January 1, 2026. If you mark this box, you will not get the tobacco-free premium discount for health coverage or optional life insurance.
     - If the policyholder is tobacco-free, but enrolled family members use tobacco, mark the "Dependent" box on the affidavit, but leave the "Policyholder" box blank. You will not get the tobacco-free premium discount for health coverage, but you will get a discount on your optional life insurance premium.
     - If the policyholder and all enrolled family members are tobacco-free, mark the "No Tobacco Users" box on the affidavit. You will receive the tobacco-free discount on your health and/or optional life insurance coverage.

3) Write in **all** of the requested information for any dependent you are adding on the form; it is **crucial** that you provide the Social Security Number (SSN) for each dependent. If you do not supply the SSN, PEIA may suspend coverage until it is received. When adding a dependent, you must supply documentation of that dependent's eligibility. PEIA cannot add dependents without the following documentation:

Dependent Being Added	Documentation Required
Spouse	Copy of valid marriage license or certificate
Biological Child	Copy of child's birth certificate
Adopted Child	Copy of adoption papers
Any other child who resides with the policyholder	Copy of court-ordered guardianship papers

4) Mark a box to add coverage, terminate coverage or keep coverage for each listed dependent. If no box is marked, PEIA will default to "keep coverage".

5) Make your Plan Selection.

   - **If you DON'T want to change plans,** skip to the signature box at the bottom of the form. You will remain in your plan for another year.
   - **If you want to change plans,** clearly mark the box beside the plan you want to join.
     - If joining one of The Health Plan's HMO plans, complete the PCP Selection box on this form for each person listed using the provider number from The Health Plan's Provider Directory. This is mandatory for HMOs, and voluntary for other plans. Sign and date the form at the bottom.

6) **Please make a copy of this form for your records** Submit your completed form to your benefit coordinator **by May 15, 2026. DO NOT** mail the form directly to PEIA, unless you are a non-Medicare Retiree or a Surviving Dependent. The Agency Information at the bottom of the form must be completed by your benefit coordinator, before it comes to PEIA.

   - **Non-Medicare retirees and surviving dependents** return their forms to PEIA, 601 57th St SE, Suite 2, Charleston, WV 25304-2345.

Be sure you've studied all of the information in the Shopper's Guide about the plan you're joining. Once you make a selection, it is binding for the entire plan year, unless you have a qualifying eligibility event or move outside the enrollment area of the plan you join.

If you have questions, call PEIA's Open Enrollment Helpline at 1-877-676-5573.