

Washington State LTC Opt-Out Instructions

Please complete all blue highlighted items in the step-by-step instructions to opt-out of the Washington State LTC surtax. If you have questions, please call the office at 425-458-3853 or email <u>info@emeraldadv.com</u>. We are here to support you through the process.

Opt-Out Steps:

1. To opt-out, create a Secure Access Washington (SAW) account by clicking this link to begin the process: <u>SecureAccess Washington</u>



2. Click the 'Sign-up' button on the right-hand side of the screen.



3. Complete the 'Sign-up' form on the next screen and click 'Create my account'.

	Sign Up!	×
1889 30		
Sign Up For A	n Account	
Fill in the following form to sign u	p for an account. If you are not sure if you already have an account,	
Personal Informat	ion	
First Name		
[I	E	
Last Name		
Primary Email		
Provide additional contact inform	ation to receive security codes and reduce the chance of losing	
access to your account. You can a settings.	add or edit additional contact information later in your SAW account	
Additional Email Address (Optional)	
Mobile Phone Number (Opt	tional)	
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4. Once you have clicked 'Create my account' you will see a pop-up screen asking you to verify your account by confirming the link sent to your email address.



5. Please check your inbox. The email will come from *secureaccess.wa.gov* and look like this. Click the attached link to activate your account. This will return you to the main

home screen:



You are almost finished,

Thank you for signing up with Secure Access Washington.

Your username is:

To activate your account, please click: <u>https://secureaccess.wa.gov/public/saw/pub/regConfirm</u>

For questions or concerns about your SecureAccess Washington account, please visit https://secureaccess.wa.gov/public/saw/pub/help.do

Thank you, The Secure Access Washington Team

6. Once back to the main landing page, enter your new account username and password:



7. Once you have entered the portal, click the red button 'Add a New Service'.



8. The next screen shows ways to search for the 'New Service'. Please choose the middle option and scroll down until you see 'Paid Family and Medical Leave' and click 'Apply'.

		ADD A NEW SE	RVICE		
	I have been given a code by an agency.	I would like to brow list of services by na A-Z	se a ame.	ould like to browse a list of services by agency.	
PAID FAMI Paid Family N	LY AND MEDICAL LE	AVE (PFML)	iployers	(APPLY

9. It will then tell you the service has been added to your list. Click 'OK':



10. You will then be returned to the previous screen where it will tell you your service is available for access. Click 'Access Now':



11. Once you click 'Access Now' you will be taken to this screen, click 'Continue':



12. You will be taken to the Employment Security Department (ESD) page. Follow the instructions to 'Create an Account'. Scroll down to the bottom and click on 'WA Cares Exemption' to continue the process and create an account.

← → C බ 🗈 https://secureaccess.wa.gov/esd/pfml/Common/SelectAccount		to	C		æ	G t	¥ @	
Employment Security Department WASHINGTON STATE				Hi,	-		Retur	n To SAW
Create an Account								
WA Cares Exemption	To create your exemption account, you'll need:							
If you are an employee and would like to apply for an	First Name							
exemption from WA Cares, you will need to create an	Last Name							
account.	• SSN							
	Create an Account						>	

13. Clicking 'Create an Account' brings you to the exemption account page. Once inside please provide your information and click 'Next':

Employment Security Department		
	Provide Your Information	
	O Personal information	
	We require the following personal information to set up your account.	
	First Name*	Middle Initial
	Last Name*	
	SSN*	Re-Enter SSN*
	Primary Contact Information	
	Domestic International	
	Phone Number (###-#####)*	Phone Ext.
	Email Address*	
	We may need to send mail regarding your account.	
	Address Line 1*	Address Line 2
	City*	State*
		~
	ZIP Code*	ZIP Code Ext
	Cancel	Next

www.paidleave.wa.gov

Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711. 14. You will be asked to confirm that your information is correct, if correct click 'Submit'.

Employment Security Department WASHINGTON STATE		Hi,
Confirm Your Info	ormation	
Review mutinformation	a Wes correct click "Submit". To make changes, click "Previous".	
O Personal infor	mation	
First Name	Middle Initial	
Last Name	SSN	
Primary Contact	ct Information	
Phone Number	Phone Ext.	
Email Address		
🖽 Mailing Addres	\$5	
Address Line 1	Address Line 2	
City	State	
ZIP Code	ZIP Code Ext	
	Previous Cancel Submit	
Employment 5	Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.	

15. You will then see that you have created your 'Exemption Account', then click 'Home'.

Exemption Account Creation Confirmation
You've successfully created an account. Your Customer ID is . Home

16. Next, click 'Apply for an exemption'.

Name	Customer ID
My WA Cares Exemption	
Now that you've created an account, you can apply for a WA Cares exemption.	
To apply, you will need to provide proof of your identity.	

17. Complete the 'Attestation' as indicated below including your age and click 'Next'.

Your age
3y submitting my application for exemption, I attest that I:
✓ Am at least eighteen years of age.
✓ Have long-term care insurance as defined in <u>RCW 48.83.020</u> that was purchased before November 1, 2021.
✓ Wish to opt out of participating in the WA Cares Fund Program.
understand that:
If my application for exemption is approved, I will never be able to participate in the WA Cares Fund program and I will never be eligible to receive program benefits.
The Employment Security Department may verify the information I provide and may request additional information.
Cancel Next

18. You will then upload your proof of identity using your passport or driver's license file.
 Once the file has been attached, click 'Upload' and you will be informed if the proof of identity submitted was accepted or not.

• You're missing your proof of id	lentity documents		
s rou to missing your proof of it	inity documents.		
You need to provide a document tr	hat proves your identity, like a valid	a driver license or passport.	
o upload a document, select the doo	cument type from the drop-down m	nenu, then click, "Choose File	e." You can upload up to 10 documents. Once you
pload a document, you will not be al	ble to change or delete it.		
• We accept the following file for	rmats: .pdf, .tif, .tiff, .jpeg, .jpg, .png	g	
• File sizes are limited to 25 MB	each		
D			
Document Type*			
Proof of Identity		~	
Select file to upload* Choose File No file chosen		Upload	
Document Name	Document Ty	/pe	Uploaded Date
Document Name o records	Document Ty	уре	Uploaded Date
Document Name o records	Document Ty	ype	Uploaded Date

19. It will display if your document has been successfully uploaded. Click 'Next'.

Ipload Your Documents		
o upload a document, select the doc pload a document, you will not be ab	ument type from the drop-down menu, then click, "Choos le to change or delete it.	e File." You can upload up to 10 documents. Once you
 We accept the following file form File sizes are limited to 25 MB e 	nats: .pdf, .tif, .tiff, .jpeg, .jpg, .png each	
Document Type*		
Proof of Identity	~	
Select file to upload* Choose File No file chosen		
	Upload	
ocument Name	Upload Document Type	Uploaded Date

20. Your 'Application Confirmation' will show. Click the 'Home' button to view the status of your application.

Application Confirmation	
We've received your WA Cares Ex To view the status of your application, Home	emption application. click the "Home" button.

21. The status page will state your name, Customer ID, and show your Application Status as 'Submitted'.

1	Employment Security Department WASHINGTON STATE		Hi, Carlos Alvano Return To SAV
# Home	Message Center		O Add/Switch Accou
5	Name	Customer ID	
1	My WA Cares Exemption		
(Application Status 0 Submitted		
	Correspondence		
	The table below lists the correspondences that we have sent to you. Please click on the document	name to download the document.	
	Document Name Do	cument Type	Uploaded Date
	No records		

22. After you have submitted your exemption request, check your status by logging back into your SAW account, visiting your services, and accessing the exemption status page. Please be aware that at this time the system is being inundated and there may be delays in processing times. **Please print a copy of your exemption and email a copy to* <u>info@emeraldadv.com</u> for our client records.