

FORM

STATE OF WASHINGTON

VEP

Voluntary Self-Exclusion Program (VEP) Form

(REV. 2022)

REMITTANCE ADDRESS

Washington State Health Care Authority
Financial Services
PO Box 42691
Olympia, WA 98504-2691

SIGNATURE

TITLE

DATE

GAMBLING ESTABLISHMENT INFORMATION

Name:	
Address Line 1:	
Address Line 2:	

**FORFEITED FUND
AMOUNT**

\$

(Please Remit this form along with your check.)

PREPARED BY	TELEPHONE NUMBER	DATE	MESSAGE FOR HCA / REMITTANCE IDENTIFIER (If applicable)
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**Make checks payable to 'Washington State Health Care Authority', as shown in remittance address.
Write 'State PG Program' on check memo line for tracking purposes.**

DO NOT WRITE BELOW - FOR HCA USE ONLY

RECEIVED BY				DATE RECEIVED				AGENCY APPROVAL Roxane Waldron, roxane.waldron@hca.wa.gov, (360) 867-8486						DATE	
REF DOC SUF	TRAN CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	ALLOC	PROJECT	MAJOR GROUP	MAJOR SRC	REV SRC		
	001		08K								04	05	VEPPG0		

Per Chapter 230-23-030 WAC (Self Exclusion)