

PEBB Benefit Eligibility

Worksheet A-4 - Elected and Full-Time Appointed Officials of the Legislative and

- This worksheet determines benefit eligibility for newly elected and full-time appointed officials of the legislative and executive branches of state government, justices of the supreme court, and judges of the court of appeals and superior courts.
- Complete and share this worksheet with the employee.

Employee Name: _____ Employee ID: _____

Employee Email Address: (optional) _____

Federal Reporting Requirements (Affordable Care Act)	
The Affordable Care Act (ACA) requires employers to determine the anticipated average hours of service of new and returning employees and employees who experience a change in employment status. The employer may be required to enter the ACA code into the system of record or PAY1, based on the method chosen by your agency. When determining the ACA code, consider the employee's anticipated average hours of service over the next 12 months. See <i>ACA Employee Status Code Instructions</i> for more information.	
Type of Employee	ACA Codes
Employee: A new or returning employee who is not an educational organization employee or seasonal employee. (Employer must assume the employee will be employed for the next 12 months).	Y1 = 130 or more hrs/mo N1 = less than 130 hrs/mo
Educational Organization Employee: A new or returning employee employed by an educational organization (e.g., primary, secondary, preparatory and high schools, colleges and universities). (Employer must assume the employee will be employed for the next 12 months).	Y2 = 130 or more hrs/mo N2 = less than 130 hrs/mo
Seasonal: A new or returning employee anticipated to work on a seasonal basis (specific time of the year) for 6 months or less. (Consider the next 12-month period, including months with zero hours of pay status, when calculating average hours/month).	Y3 = 130 or more hrs/mo N3 = less than 130 hrs/mo
ACA Employee Status	ACA Code
Is the employee anticipated to average 130 or more hours of service per month for the next 12 months? Enter the ACA code that best describes the employee.	
<i>The ACA definition of full-time does <u>not</u> determine eligibility for PEBB benefits. Continue with this worksheet to determine the employee's eligibility for PEBB benefits.</i>	
Requirements for Eligibility (WAC 182-12-114(4))	Enter a Y or N
Employee is a(n):	
a. Legislator	
b. Elected or full-time appointed official of the legislative or executive branch of state government.	
c. Justice of the Supreme Court, Judge of the Court of Appeals or Superior Court.	

Eligibility Decision	Decision
If you answered "Yes" to any of the above requirements, the employee is benefits eligible. Continue with Step 1 of this worksheet.	
If you answered "No" to all of the above requirements, review the tool guide for the correct worksheet. Choose the worksheet that most closely describes the employee's work circumstances.	
1. Initial Date of Eligibility (WAC 182-12-114(4)(a))	Date
<p>Employee is benefits eligible on:</p> <p>Legislators – enter the date the term begins.</p> <p>All other elected and full-time appointed officials – enter the date the term begins or the date the oath of office is taken, whichever occurs first.</p> <p>Justices and Judges – enter the date the oath of office is taken.</p>	
2. Coverage Begins: (WAC 182-12-114(4)(b))	Date
<p>The first day of the month following the date the employee becomes eligible (see #1 section above). If the employee becomes eligible on the first working day of the month, benefits begin on that date. (For example: If the employee becomes eligible on August 1, coverage begins on August 1. If the employee becomes eligible on August 15, coverage begins on September 1).</p>	
3. New Employee Resources to Enroll in PEBB Benefits	
<p>The following resources are available for new eligible employees or anyone seeking information about PEBB benefits:</p> <ul style="list-style-type: none"> • A website www.hca.wa.gov/pebb/pages/new_employee.aspx with links to: <ul style="list-style-type: none"> - A video that provides an orientation and overview to PEBB benefits - Information and enrollment forms • For new employees unable to access the Internet: Your employer will provide the <i>Employee Enrollment Guide</i>. 	
4. Form Submission Dates: (WAC 182-08-197)	Due Date
<p>The <i>Employee Enrollment/Change</i> form (includes the premium surcharge attestations) is due no later than 31 days after the date of eligibility (first day of work).</p>	
<p>The <i>Life Insurance Enrollment/Change</i> form for basic life and optional life for the guaranteed issue is due no later than 60 days after the date of eligibility.</p>	
<p>The <i>Long-Term Disability* Enrollment/Change</i> form for basic LTD and optional LTD for the guaranteed issue is due no later than 31 days after the date of eligibility.</p> <p><i>*Port Commissioners and seasonal employees who work a season of less than 9 months are eligible for basic LTD only.</i></p>	
<p>The <i>FSA and DCAP Enrollment</i> form is due no later than 31 days after the date of eligibility.</p>	
<p>Auto/Home Insurance may be applied for at any time with Liberty Mutual.</p>	
<p>The PEBB Program verifies the eligibility of all dependents. Submit valid verification documents with your enrollment form, if enrolling dependents. A list of valid dependent verification documents is available on the PEBB website: http://www.hca.wa.gov/pebb</p>	

5. Insurance System (PAY1) - Employer

- If forms are not returned by the due date, enroll the employee only (no dependents) in Uniform Medical Plan Classic, Uniform Dental Plan, basic life, and basic LTD insurance (WAC 182-08-197(1)(b)). If the employee does not attest to the premium surcharges, default their tobacco use to "yes" (use attestation code "D") (WAC 182-08-185).
- If the forms are returned by the due date, enroll the employee and enter the eligibility for dependents to begin the dependent verification process.
- Use reason code *01 Newly Eligible Member* to enroll the employee in PEBB benefits in the insurance system.

Enter a "Y" or "N" to verify employee received the following notifications.

6. Notifications - Employer

Employee received:	Notice of the Benefit Exchange:		CHIP Notice:	
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7. Signature and Date

I have reviewed the information above and acknowledge the decision made. I understand that I can access PEBB rules and guidance on the above decision through the PEBB website (www.pebb.wa.gov) (specifically WAC 182-12-111 employee eligibility for PEBB benefits) and WAC 182-12-109 (maintaining the employer contribution). If I have a change that affects my eligibility for PEBB benefits, my employer will notify me in writing and that I have the right to ask my employer to re-evaluate my eligibility at any time.

I understand it is my responsibility to inform my employer immediately if I am returning from layoff status within 24 months of my layoff date († For the limited purpose of determining PEBB benefits eligibility, "layoff" is defined in WAC 182-12-109 and there are examples of application in WAC 182-12-129 and 133(1)(e)).

I understand it is my responsibility to inform my employer immediately if there is a change in the tobacco use status of any enrollee on my PEBB medical plan as described in WAC 182-08-185(1).

I understand it is my responsibility to inform my employer immediately if there is a change in my spouse's or domestic partner's employer-based group medical insurance as described in WAC 182-08-185(2).

I understand it is my responsibility to inform my employer immediately if I have or obtain multiple jobs or positions within the agency.

I acknowledge that I have the right to appeal this and any future eligibility decisions for PEBB benefits made by a PEBB-participating employing agency through the PEBB appeals process (WAC 182-16). The PEBB appeals process begins with requesting a review from my employer. For a complete explanation of the appeals process and appeal forms, visit the PEBB website at: www.hca.wa.gov/pebb

Employee Signature	Date	
Agency Representative Signature	Agency/Sub Agency	Date

Place a signed copy in the employee's file and provide a copy to the employee.