

**PEBB Benefit Eligibility**

**Worksheet B-2 - Faculty working the second consecutive quarter/semester, or faculty with a change in work pattern that requires review** (part-time, quarter-to-quarter, and semester-to-semester)

- This worksheet determines benefit eligibility for faculty who were not eligible for the employer contribution when hired on a quarter-to-quarter or semester-to-semester basis and now are anticipated to work a second consecutive quarter or semester or have a change to their work pattern.
- Complete and share this worksheet with the faculty member.
- If the faculty member's eligibility changes, complete a new worksheet and notify faculty of the change.
- If the faculty member is returning to work, as faculty, no later than the 12th month after losing eligibility for the employer contribution, see Worksheet D-3.
- If the faculty member is returning to work from leave status, see Worksheet 2C. (This worksheet does not apply to faculty with an anticipated end date.)

SAMPLE

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Email Address: (optional) \_\_\_\_\_

Federal Reporting Requirements (Affordable Care Act)	
<p>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.</p>	
Type of Employee	ACA Codes
<p><b>Employee:</b> A new or returning employee who does not meet the definition of "educational organization" or "seasonal" employee. (Employer must assume the employee will be employed for the next 12 months).</p>	<p><b>Y1</b> = 130 or more hrs/mo  <b>N1</b> = less than 130 hrs/mo</p>
<p><b>Educational Organization Employee:</b> 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).</p>	<p><b>Y2</b> = 130 or more hrs/mo  <b>N2</b> = less than 130 hrs/mo</p>
<p><b>Seasonal:</b> 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).</p>	<p><b>Y3</b> = 130 or more hrs/mo  <b>N3</b> = less than 130 hrs/mo</p>
ACA Employee Status	ACA Code
<p>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.</p>	
<p>The ACA definition of full-time does <u>not</u> determine eligibility for PEBB benefits. <b>Continue with this worksheet to determine the employee's eligibility for PEBB benefits.</b></p>	
Stacking Hours* across Employers	Enter a Y or N
<p>Faculty has informed you that:</p>	
<p>He or she is working as faculty at more than one institution of higher education.</p>	
<p>If "Yes," include the hours (as a %) from the other higher education institutions when determining eligibility.</p>	
<p>*Faculty workloads may only be stacked with other faculty workloads to establish eligibility under WAC 182-12-114(3)(b).</p>	

<b>Eligibility Calculator</b>				
Enter the academic year for each quarter or semester the faculty has or is anticipated to work. Enter the actual and/or anticipated percentage of full-time for each quarter or semester. <i>Include the anticipated percentage from other higher education institutions in the Other Institutions row.</i> <i>Exclude non-faculty, standby, and any temporary increase in work hours, of 6 consecutive months or less, caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern.</i>  Describe any excluded hours: _____				
<b>Quarter Review</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
<b>Academic Year</b>				
Your Institution:				
Other Institutions:				
<b>Total</b>				
<b>Semester Review</b>	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>	
<b>Academic Year</b>				
Your Institution:				
Other Institutions:				
<b>Total</b>				
<b>Requirements for Eligibility (WAC 182-12-114)(3)</b>				<b>Enter Y or N</b>
Faculty:				
a. Has worked or is anticipated to work half-time* or more this quarter or semester ( <i>include faculty hours (as a %) from other institutions), and</i>				
b. Worked half-time or more the previous quarter or semester ( <i>spring and fall are considered consecutive quarters or semesters when first establishing eligibility</i> )				
*Half-time is defined as one-half of the full-time academic workload as determined by each institution, except that half-time for community and technical college academic employees is governed by RCW 28B.50.489.				
<b>Eligibility Decision</b>				<b>Decision</b>
If you answered " <b>Yes</b> " to all requirements, the faculty is benefits eligible. Continue with Step 1 of this worksheet.				
If you answered " <b>No</b> " to any of the requirements, the faculty is not benefits eligible at this time. Continue with Step 6 of this worksheet. Routinely monitor the faculty's eligible work hours to establish eligibility.				
<b>1. Initial Date of Eligibility (WAC 182-12-114)(3)</b>				<b>Date</b>
Faculty is benefits-eligible at the beginning of the second consecutive quarter/semester of employment in which he or she is anticipated to work or has actually worked half-time or more OR when a revision is made to the faculty's workload after the beginning of the anticipated work period.				
<b>2. Coverage Begins: (WAC 182-12-114)(3)(c)</b>				<b>Date</b>
The first day of the month following the beginning of the second quarter/semester of half-time or more employment OR the first day of the month following the revision in workload. If the first day of the second consecutive quarter/semester begins or the revision is made on the first working day of the month, benefits begin on that day.				

SAMPLE

<b>3. New Employee Resources to Enroll in PEBB Benefits</b>			
<p>The following resources are available for newly eligible employees or any employee seeking information about PEBB benefits:</p> <ul style="list-style-type: none"> <li>• A website <a href="http://www.hca.wa.gov/pebb/pages/new_employee.aspx">www.hca.wa.gov/pebb/pages/new_employee.aspx</a> with links to: <ul style="list-style-type: none"> <li>- A video that provides an orientation and overview to PEBB benefits</li> <li>- Information and enrollment forms</li> </ul> </li> <li>• For new employees unable to access the Internet: Your employer will provide the <i>Employee Enrollment Guide</i>.</li> </ul>			
<b>4. Form Submission Dates: (WAC 182-08-197)</b>			<b>Due Date</b>
The <i>Employee Enrollment/Change</i> form (includes the premium surcharge attestations) is due no later than <b>31 days</b> after the date of eligibility.			
The <i>Life Insurance Enrollment/Change</i> form for basic life and optional life for the guaranteed issue is due no later than <b>60 days</b> after the date of eligibility.			
The <i>Long-Term Disability* Enrollment/Change</i> form for basic LTD and optional LTD for the guaranteed issue is due no later than <b>31 days</b> after the date of eligibility. <small>*Port Commissioners and seasonal employees who work a season of less than 9 months are eligible for basic</small>			
The <i>FSA and DCAP Enrollment</i> form is due no later than <b>31 days</b> after the date of eligibility.			
Auto/Home Insurance may be enrolled for any time in the Uniform Medical Plan Classic.			
The PEBB Program verifies eligibility of 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: <a href="http://www.hca.wa.gov/pebb">http://www.hca.wa.gov/pebb</a>			
<b>5. Insurance System (PAY1) - Employer</b>			
<ul style="list-style-type: none"> <li>• 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).</li> <li>• If the forms are returned by the due date, enroll the employee and enter the eligibility for dependents to begin the dependent verification process.</li> <li>• Use reason code <i>01 Newly Eligible Member</i> to enroll the employee in PEBB benefits in the insurance system.</li> </ul>			
Enter a "Y" or "N" to verify employee received the following notifications.			
<b>6. Notifications - Employer</b>			
Employee received:	Notice of the Benefit Exchange:		CHIP Notice:
<b>7. Signature and Date</b>			
<p>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 (<a href="http://www.pebb.hca.wa.gov">www.pebb.hca.wa.gov</a>), specifically WAC 182-12-114 (employee eligibility for PEBB benefits) and WAC 182-12-131 (maintaining the employer contribution). I understand that if I have a change that affects my eligibility for PEBB benefits, my employer will notify me. I also understand that I have the right to ask my employer to re-evaluate my eligibility at any time.</p> <p>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 I have or obtain multiple jobs or positions within the agency.</p> <p>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).</p> <p>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).</p>			

**Signature and Date continued**

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](http://www.hca.wa.gov/pebb)

Faculty may establish eligibility and maintain the employer contribution toward insurance coverage by working as faculty for more than one institution of higher education. Faculty workloads may only be stacked with other faculty workloads to establish eligibility. When a faculty works for more than one institution of higher education, the faculty must notify his or her employing agencies that he or she works at more than one institution and may be eligible through stacking (WAC 182-12-114).

All benefits-eligible faculty who worked an average of half-time or more in employment two preceding calendar years are potentially eligible to receive uninterrupted employer contribution to insurance coverage or to be eligible for employer contribution through two-year averaging, they must file written notification of their potential eligibility with their employing agency or agencies within the deadlines established by the employing agency or agencies (see WAC 182-12-131(3)(d)).

All benefits-eligible faculty who work half-time or more throughout the entire instructional year or equivalent 9-month period and work each quarter/semester of the instructional year or equivalent 9-month period are eligible for the employer contribution toward summer or off-quarter/semester insurance coverage (see WAC 182-12-131(3)(c) and Policy 17-3 for exceptions).

All benefits-eligible faculty who lose eligibility for the employer contribution will regain it if they return to a faculty position where it is anticipated that they will work half-time or more for the quarter/semester no later than the 12<sup>th</sup> month after the month in which they lost eligibility for the employer contribution (see WAC 182-12-131(3)(e)).

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.*