

PEBB Benefit Eligibility



Worksheet C-10 – Employee applying for Disability Retirement

• This worksheet determines benefit eligibility for employees applying for disability retirement.

Employee Name: _____ Employee ID: _____

Employee E-mail Address: (optional) _____

Requirements for Eligibility (WAC 182-12-131(4))	Enter a Y or N
Employee is:	
a. Applying for disability retirement, and	
b. Terminating employment due to a disability.	
Eligibility Decision	Decision
If you answered " Yes " to all of the requirements, the employee is not eligible for the employer contribution for benefits, but may be eligible for continuation of coverage pending approval or denial for disability retirement. Continue with Step 1 of this worksheet.	
If you answered " No " to any of the requirements, the employee is not eligible for the employer contribution for benefits or continuation of coverage under the requirements of WAC 182-12-131. Review the tool guide for the worksheet that most closely describes the employee's circumstances.	
1. File Life and Long-Term Disability Claims, if applicable (Employer/Employee)	
Long-Term Disability: File a Long-Term Disability claim with Standard Insurance as soon as the agency knows the employee will be disabled for a period longer than their waiting period.	
Employee: If you believe you are eligible to file a long-term disability claim, contact your agency.	
Life Insurance: If the employee is eligible, file a Life Insurance Waiver with Republic State Life Insurance Company as soon as the agency knows the employee will be disabled for a period of at least 6 consecutive months. If the employee is terminally ill with less than 24 months to live, contact employee or employee's representative to submit a request willing to file an accelerated life benefit claim.	
Employee: If you believe you are eligible to file a life insurance waiver of premium or accelerated life benefit claim, contact your agency.	
2. Insurance System (PAY1) - Employer	
Key the termination in the PAY1 insurance system immediately after the last day of the month in which the employee had at least 8 hours of pay status in a month or FMLA ended. Late keying of terminations can affect employee options and increase employer financial responsibility. Refer to the: Termination due to Loss of Eligibility Addendum 19-1A Use reason code 38 Applying for Disability Retirement.	
3. Eligibility for the Employer Contribution Ends	Date
Enter the last day of the month in which the employee is no longer eligible for the employer contribution based on Termination due to Loss of Eligibility Addendum 19-1A (see link above).	
<ul style="list-style-type: none"> • Medical, dental and basic life insurance end at midnight on the last day of the month in which the employer contribution ends. • Supplemental life insurance ends the earlier of, (1) the last day of the month in which employment is terminated, or (2) the last day of the month in which the employee is eligible for the employer contribution or employer premiums were withheld, whichever is earlier. • Basic long-term disability (LTD) ends the last day in which the employee is in pay status. Optional long-term disability ends the last day of the month in which the employee made a premium contribution. 	

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Eligibility for the Employer Contribution Ends continued

- Participation in the Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) ends the last day of the month the employee makes a contribution through payroll deduction. The employee may submit reimbursement requests through March 31 of the following year for expenses incurred on or before the termination date.

4. Employee Options for Continuation of Coverage (WAC 182-12-133(1))

Medical and Dental

A *Continuation of Coverage Election Notice* will be mailed to the employee no later than 14 days after benefits are terminated in the insurance system. To continue coverage:

- Submit the *Leave Without Pay (LWOP) Continuation Coverage form* no later than 60 days after the postmark date on the continuation of coverage packet.

Note: If employee participated in an FSA while benefit eligible, changing to a CDHP with an HSA within the same tax year will have tax consequences. Employee should speak with a tax advisor.

- Employees and eligible dependents have the option to continue any combination of medical, dental, and life insurance during the application period. *Note: To be eligible for retiree or portability life insurance the employee must continue their life insurance during the application process.*
- First payment must be submitted by the employee to Health Care Authority (HCA) no later than 45 days after coverage is elected.

Flexible Spending Arrangement

- Employee may apply to extend the period of coverage for the Flexible Spending Account (FSA) to claim expenses incurred after employment ends. The *Change in Status* form must be submitted to your employer.
- Employee's spouse or Section 501(c)(3) domestic partner may have the option to enroll in or change the contribution amount to their Flexible Spending Account. The *Change in Status* form must be submitted to their employer.
- Contact Flex-Plan Services for more information about FSA special open enrollment events.

Auto/Home and Long-Term Care Insurance

- Auto/Home with Liberty Mutual and Long-Term Care with John Hancock may continue as before. Make payment arrangements with Liberty Mutual if the premium was paid through payroll deduction.

5. 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.hca.wa.gov), specifically WAC 182-12-114 (employee eligibility for benefits) and 182-12-131 (maintaining the employer contribution). I understand that if I have a change that affects my eligibility for 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.

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 also 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 your employer. For a complete explanation of the appeals process and the appeals forms visit the PEBB website:

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 give a copy to the employee.