

**PEBB Benefit Eligibility**

**Worksheet C-2 – Employees currently eligible for benefits, cease active work during approved FMLA**

- This worksheet offers guidance for employees currently eligible for benefits who cease active work during approved FMLA.
- Complete and share this worksheet with the employee.
- If the employee's eligibility changes, complete a new worksheet and notify the employee of eligibility change.

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

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

Requirements for Eligibility for the Employer Contribution (WAC 182-12-138)		Enter a Y or N
Employee has been approved for:		
a. Family Medical Leave (FMLA)		
Eligibility Decision		Decision
If you answered "Yes", the employee is eligible for the employer contribution for benefits during FMLA. Continue with step 1 of this worksheet.		
If you answered "No", review other available worksheets in the <i>Guide to Eligibility Worksheets</i> for the appropriate worksheet.		
Date FMLA Begins		Date
Enter the date the employee's family medical leave begins		

**1. Continuation Options for Employees on approved FMLA (WAC 182-12-138)**

<b>Medical</b>	<b>Medical Insurance</b> – Employee has two options:	
	<p><b>Option 1:</b> Employee may continue medical coverage for themselves and their dependents by paying the employee's share of the premium for the employer or through payroll deduction if using accrued leave during FMLA.</p> <p><b>Option 2:</b> Employee may waive medical coverage for themselves and their dependents during FMLA, upon returning to employment, the employee must re-enroll in medical coverage.</p>	
	Employee chooses to continue enrollment in (Enter a Y or N):	<b>Continue</b>
	Medical Insurance	
	<p><b>Employers:</b> If the employee chooses:</p> <p><b>Option 1:</b> Leave the employee and their dependents enrolled in medical coverage in the PAY1 insurance system. Collect the premiums or if the employee is using accrued leave continue payroll deduction. Refer to premium payment plan (IRC Section 125) payroll section of the Eligibility Manual for payment options.</p> <p><b>Option 2:</b> Waive the medical coverage for the employee and their dependents in the PAY1 insurance system effective the last day of the month in which the employee is eligible for the employer contribution for benefits based on Termination due to Loss of Eligibility <a href="#">Addendum 19-1A</a></p> <p>Use reason code 40 Employee Waives/ Dependent Voluntarily Terms.</p>	
<b>Dental</b>	<b>Dental Insurance</b> – Employee must remain enrolled in dental coverage.	

<b>Life Insurance</b>	Continue Employee Basic Life by leaving the employee enrolled in the insurance system.	
	<p><b>Supplemental Life Insurance</b> – Employee has two options to continue coverage:</p> <p><b>Option 1:</b> Employee may continue coverage for themselves and their dependents by paying the premiums to their employer or through payroll deduction if using accrued leave during FMLA.</p> <p><b>Option 2:</b> Employee may elect to discontinue coverage during FMLA and upon return to active employment be eligible to reinstate the same coverage that was in effect immediately prior to leave without providing proof of good health.</p>	
	<b>Employee chooses to continue (Enter a Y or N):</b>	<b>Continue</b>
	Supplemental Life Insurance	
	<p><b>Employers:</b> If the employee chooses:</p> <p><b>Option 1:</b> Leave the employee enrolled in supplemental life insurance in the PAY1 insurance system. Collect the premiums or if the employee is using accrued leave continue payroll deduction. Refer to the premium payment plan (IRC Section 125) payroll rules in the PEBB eligibility manual for payment options.</p> <p><b>Option 2:</b> Cancel the requested amount of supplemental life insurance in the PAY1 insurance system effective the last day of the month in which the employee ceased active work to begin FMLA or last paid a premium.</p>	
<b>Long-Term Disability (LTD)</b>	Continue Basic Long-Term Disability by leaving the employee enrolled in the insurance system.	
	<p><b>Optional Long-Term Disability</b> – Employee has two options to continue coverage:</p> <p><b>Option 1:</b> Employee may continue optional long-term disability by paying the premiums to their employer or through payroll deduction if using accrued leave during FMLA.</p> <p><b>Optional 2:</b> Employees may elect to discontinue optional long-term disability coverage during FMLA and upon return to active employment be eligible to reinstate the same coverage that was in effect immediately prior to leave without providing proof of good health.</p>	
	<b>Employee may choose to continue (Enter a Y or N):</b>	<b>Continue</b>
	Optional Long-Term Disability	
	<p><b>Employers:</b> If the employee chooses:</p> <p><b>Option 1:</b> Leave the employee enrolled in optional LTD in the PAY1 insurance system. Collect the premiums or if the employee is using accrued leave continue payroll deduction. When collecting premiums for optional LTD, the premium should be based on the last month in which the employee was in full pay status prior to FMLA. Refer to the premium payment plan (IRC Section 125) payroll rules in the PEBB eligibility manual for payment options.</p> <p><b>Option 2:</b> Cancel the optional LTD coverage, as requested by the employee, in the PAY1 insurance system effective the last day of the month in which the employee ceased active work to begin FMLA or last paid a premium.</p>	

<b>Flexible Spending Arrangement (FSA)</b>	<p>Employee has three options to continue the contribution:</p> <p><b>Option 1:</b> Employee may choose to continue participation while on approved FMLA. The employee may pre-pay the contribution or if the employee is using accrued leave the contribution may be taken as a payroll deduction.</p> <p><b>Option 2:</b> Employee may choose to discontinue the contribution during approved FMLA and resume participation at the same coverage level upon return to active employment with a corresponding increase per-pay-period contribution for the balance of the plan year.</p> <p><b>Option 3:</b> Employee may choose to discontinue the contribution during approved FMLA and resume participation at a reduced coverage level upon return to active employment with the same per-pay-period contribution for the balance of the plan year.</p>				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"><b>Employee may choose to continue</b> (Enter a Y or N):</td> <td style="width: 20%;"><b>Continue</b></td> </tr> <tr> <td>Flexible Spending Arrangement contribution</td> <td></td> </tr> </table>	<b>Employee may choose to continue</b> (Enter a Y or N):	<b>Continue</b>	Flexible Spending Arrangement contribution	
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Flexible Spending Arrangement contribution					
	<p><b>Employers:</b> If the employee chooses:</p> <p><b>Option 1:</b> Leave the employee enrolled in FSA and collect the contribution or if the employee is using accrued leave the contribution may be taken as a payroll deduction. For the premium payment plan (IF Section 5), refer to the PEBA eligibility manual for payment options. If the employee pre-pays the contribution, complete the <i>Flex-Plan Change in Status</i> form before going on leave.</p> <p><b>Option 2:</b> Discontinue the contribution during FMLA. Resume participation at an increased per-pay-period contribution level upon employee's return to active employment. Upon return, employee must complete <i>Flex-Plan Services Change in Status</i> form no later than 60 days after the date they return to active employment to resume the FSA.</p> <p><b>Option 3:</b> Discontinue the contribution during FMLA. Resume participation with the same per-pay-period contribution upon employee's return to active employment to participate at a reduced total amount for the plan year. Upon return, employee must complete the <i>Flex-Plan Services Change in Status</i> form no later than 60 days after the date they return to active employment to resume the FSA.</p>				
<b>2. File Claims (Employer/Employee)</b>					
<p><b>Long-Term Disability</b> – If employee is eligible, 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.</p>					
<p><b>Employee:</b> If you believe you are eligible to file a long-term disability claim, contact your agency.</p>					
<p><b>Life Insurance</b> – If employee is eligible, file a life insurance waiver with ReliaStar 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 in writing to file an accelerated life benefit claim.</p>					
<p><b>Employee:</b> If you believe you are eligible to file a life insurance waiver of premium or accelerated life benefit claim, contact your agency.</p>					

### 3. Signature and Date

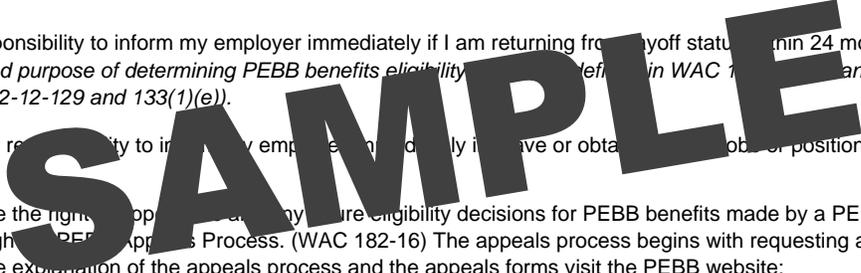
I have reviewed the information above and acknowledge the decision made. I understand that I can access PEBB rules and guidance on the above decision through the PEBB website ([www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)), specifically WAC 182-12-114 (employee eligibility for benefits) and 182-12-131 (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 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, the definition of layoff in WAC 182-12-114 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 leave or obtain another job or positions within the agency.

I acknowledge that I have the right to appeal any agency eligibility decisions for PEBB benefits made by a PEBB-participating employing agency through the PEBB Appeals Process. (WAC 182-16) The 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](http://www.hca.wa.gov/pebb)



Employee Signature		Date
Agency Representative's Signature	Agency/Sub Agency	Date

*Place a signed copy in the employee's file and give a copy to the employee*