

## PEBB Benefit Eligibility

### Worksheet C-4 – Seasonal Employees currently eligible for benefits, leaving work for the off-season

- This worksheet determines eligibility for the employer contribution for off-season benefits for employees who are currently eligible for benefits per the "seasonal" criteria, who are leaving work for the off-season, and who have not resigned or been dismissed.
- Complete and share this worksheet with the employee.
- If the employee's eligibility changes, complete a new worksheet and notify the employee of eligibility changes.

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

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

Eligibility Calculator													
Enter all hours the employee is in pay status during the season, including leave, to calculate eligibility for maintaining the employer contribution over the off-season. The seasonal work hours total will be calculated for you. <i>A seasonal employee must have at least eight hours pay status, or have protected leave under federal law, in each month of a season of nine months or more to remain eligible for the employer contribution during the off-season.</i>													
Hours	Month												Total Hours
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Pay Status													
<b>Requirements for Maintaining the Employer Contribution during the Off-Season*</b> (WAC 182-12-131 and Policy 15-1)													Enter a Y or N
The employee has:													
a. At least eight hours pay status each month of the season, b. For a season of nine months or more													
<b>Eligibility Decision</b>													<b>Decision</b>
If you answered <b>"Yes"</b> to the above requirements, the employee is eligible for the employer contribution for benefits during the off-season. Continue with Sections B and C.													
If you answered <b>"No"</b> to any of the above requirements, the employee is not eligible for the employer contribution for benefits during the off-season. Continue with Sections A and C.													
<i>*The employer contribution for the off-season continues for a maximum of three calendar months.</i>													
<b>Section A – Employee Not Eligible for the Employer Contribution during the Off-Season</b>													
<b>1. Insurance System (PAY1) – Employer</b>													
Key termination in the PAY1 insurance system immediately after the employee eligibility for the employer contribution ends. Late keying of terminations can affect employee options and increase employer financial responsibility. Refer to: Termination due to Loss of Eligibility <a href="#">Addendum 19-1A</a> Use reason code 50 Seasonal between periods of eligibility.													
<b>2. Continuation of Coverage – Employee</b>													
A <i>Continuation of Coverage Election Notice</i> will be sent no later than 14 days after benefits are terminated in the insurance system. To continue coverage on a self-pay basis: <ul style="list-style-type: none"> <li>• Submit the <i>Leave Without Pay (LWOP) Continuation Coverage Election</i> form no later than <b>60 days</b> after the postmark date on the continuation of coverage packet.</li> </ul>													

<b>Continuation of Coverage <i>continued</i></b>		
<p><i>*If employee participates in an FSA while benefit eligible, changing to a CDHP with an HSA within the same tax year while on LWOP will have tax consequence. Employee should speak with a tax advisor.</i></p> <ul style="list-style-type: none"> <li>• Employee has the option to continue any combination of medical, dental, and supplemental life insurance.</li> <li>• Employees who do not continue supplemental life insurance will be required to reapply for coverage upon return to work and will be subject to carrier approval.</li> </ul>		
<b>Section B – Employee Eligible for the Employer Contribution during the Off-Season</b>		
<b>1. Insurance System (PAY1) – Employer</b>		
Continue the employer contribution by leaving the employee and their dependents, if applicable, enrolled in benefits in the PAY1 insurance system during the employee's off-season.		
<b>2. Collect Premiums – Employer</b>		
<p>Make arrangements with the employee for the collection of the employee share of any enrolled coverage. Refer to the premium payment plan (IRC Section 125) rules for payment options.</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Supplemental Life Insurance</li> <li>• Long-Term Disability</li> <li>• Flexible Spending Arrangement (FSA)</li> <li>• Dependent Care Assistance Program (DCAP)</li> <li>• Health Reimbursement Arrangement (HRA)</li> </ul>		
<b>Section C – Signature Required</b>		
<p>I have reviewed the information above and acknowledge the decision and 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 benefits) and WAC 182-12-115 (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.</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 (<i>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>)</p> <p>I understand it is also my responsibility to inform my employer immediately if I obtain multiple jobs or positions within the agency.</p> <p>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 appeals process begins with a review from your employer. For a complete explanation of the appeals process and the appeals forms visit the PEBB website: <a href="http://www.hca.wa.gov/pebb">www.hca.wa.gov/pebb</a></p>		
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.*