

PEBB Benefit Eligibility

Worksheet C-7 – Employees currently eligible for benefits and ending employment with your agency due to layoff

- This worksheet determines eligibility for the employer contribution for employees currently eligible for benefits whose employment is ending with your agency due to layoff.
- For purposes of PEBB benefits, "layoff" means a change in employment status caused by an employer's lack of funds or organizational change. This definition of "layoff" is specific to PEBB eligibility. "Layoff" may have a different definition in other contexts.
- "Layoff" may include a resignation or decrease in work hours initiated by the employee due to an employer action based on lack of funds or organizational change. (e.g., "volunteers" to resign)
- Complete and share this worksheet with the employee.
- If the employee's situation changes, complete a new worksheet and notify the employee of eligibility changes.

Employee Name: _____ Employee ID: _____

Employee Email Address: (optional) _____

Requirements for Maintaining the Employer Contribution (WAC 182-12-129 and 182-12-133)	Enter a Y or N
The employee is:	
a. Leaving employment due to layoff and will not be employed by another PEBB eligible employer. (The employee is no longer eligible for the employer contribution).	
b. Leaving employment due to layoff and will be reverting or changing employment to another PEBB eligible position at another agency.	
Eligibility Decision	Decision
If you answered "Yes" to (a) in above requirements, you are eligible for this worksheet.	
If you answered "Yes" to (b) in above requirements, you are eligible for this worksheet.	
If you answered "No" to all requirements, please review available worksheets for one that applies to the employee's situation.	
Section A	
1. Layoff Date	Date
Enter the effective date of the layoff.	
2. Insurance System (PAY1) - Employer	
Key the termination in the PAY1 insurance system immediately after the date the employee is laid off. Late keying of terminations can affect employee options and increase employer financial responsibility. Refer to: Termination due to Loss of Eligibility Addendum 19-1A Use reason code 34 Layoff.	
3. Coverage Ends	Date
Enter the last day of the month in which the employee is eligible for the employer contribution based on Termination due to Loss of Eligibility Addendum 19-1A (see link above). 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 employee premiums were withheld, whichever is later. Basic long-term disability (LTD) ends on 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.	

SAMPLE

3. Coverage 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 the required 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 182-12-146)

A *Continuation of Coverage Election Notice* will be sent to the home or mailing address no later than 14 days after benefits are terminated in the insurance system.

Employees and eligible dependents have the option to continue any combination of medical, dental, and supplemental life insurance for up to 29 months.

Employees who do not self-pay supplemental life insurance will require carrier approval to reinstate supplemental life insurance.

Medical, Dental, and Life Insurance

To continue insurance coverage on a self-pay basis:

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

Note: If employee participates in FSA while on LWOP, switching to a CDHP with an HSA within the same tax year while on LWOP coverage will have no consequences. Employee should speak with a tax advisor.

- The first premium must be submitted by the employee to the Health Care Authority (HCA) no later than 45 days after the coverage is elected.

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.

Additional Options:

Medical and Dental

- If the employee has a spouse or state-registered domestic partner on PEBB benefits, the employee may enroll as a dependent on their medical and dental coverage.
- The spouse or domestic partner must enroll the employee as a dependent no later than 60 days after the date the employee loses coverage.

Flexible Spending Arrangement

- The employee may apply to Flex-Plan Services to extend the period of coverage for their Flexible Spending Arrangement (FSA) to claim expenses incurred after employment ends. Submit the Flex-Plan Services *Change in Status* form to your agency.
- The employee's spouse or IRC Section 152 state-registered domestic partner may have the option to enroll in or change their contribution amount of their Flexible Spending Arrangement. The spouse/partner must submit the Flex-Plan Services *Change in Status* form to their agency. Contact Flex-Plan Services for more information about FSA special open enrollment events.

Section B

1. Insurance System (PAY1) - Employer

Contact the gaining agency to coordinate transfer of insurance coverage in PAY1. (Refer to Worksheet A-5 for guidance).
If the employee is not eligible for benefits with the gaining agency return to Section A of this worksheet.

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 182-12-109 (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 "leave" is defined in WAC 182-12-109 and there are examples of application in WAC 182-12-129 and 133).

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 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's Signature	Agency/Sub Agency	Date

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