

PEBB Benefit Eligibility

Worksheet D-5 – Seasonal employees returning the next season from an off-season with no employer contribution for benefits

- This worksheet determines benefit eligibility for seasonal employees eligible for the employer contribution during their season who are returning to work with 8 or more hours of pay status* in a month from an off-season with no employer contribution for benefits.
- For seasonal employees returning to a different position, use worksheet B-5.
- Complete and share this worksheet with the employee.
- If the employee's eligibility changes, complete a new worksheet and notify the employee of the change.

*Pay status may include, but is not limited to: work, annual leave, personal holiday, sick leave, shared leave, and/or personal leave day (represented only)

Employee Name: _____ Employee ID: _____

Employee Email Address: (optional) _____

Federal Reporting Requirements (Affordable Care Act)												
The Affordable Care Act (ACA) requires employers to determine the anticipated hours in pay status of new and returning employees. 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 in pay status over the next 12 months.												
Type of Employee										ACA Code		
Employee - 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)										Y1 = 130 or more hrs/mo		
										N1 = less than 130 hrs/mo		
Educational Organization Employee - A new or returning employee who employed by an educational organization (e.g., primary, secondary, preparatory or high schools, colleges and universities) (Employer must assume the employee will be employed for the next 12 months)										Y2 = 130 or more hrs/mo		
										N2 = less than 130 hrs/mo		
Seasonal Employee - A new or returning employee anticipated to work on a seasonal basis (specific time of the year) for six months or less (Consider the next 12 month period, including months with zero hours of pay status, when calculating average hours/month)										Y3 = 130 or more hrs/mo		
										N3 = less than 130 hrs/mo		
Enter the ACA code that best describes the employee.												
ACA Employee Status										ACA Code		
Is the employee anticipated to average 130 hours or more in pay status per month for the next 12 months?												
Note: The ACA definition of full-time does <u>not</u> determine eligibility for PEBB benefits, continue with this worksheet to determine the employee's eligibility for PEBB benefits.												
Eligibility Calculator												
Enter the employee's anticipated hours for each month of their season.												
Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Eligibility Calculator continued	
Employee must have 8 or more hours of pay status in a month to receive the employer contribution for benefits. (Pay status may include, but is not limited to: work, annual leave, personal holiday, sick leave, shared leave, and/or personal leave day (represented only))	
Enter a "Y" or "N" for each of the requirements for eligibility.	
Requirements for Eligibility for the Employer Contribution (WAC 182-12-131 and Policy 15-1)	
Benefits-eligible seasonal employee is:	Enter a Y or N
a. Returning for the next consecutive season* to the same agency; and	
b. Returning to perform similar work; and	
c. For a three month or more season; and	
d. With at least 8 hours in each month.	
*An employee who returns for a second consecutive season at the same agency is presumed to return each season: Any employee who returns for a second season of three months or more establishes eligibility for benefits upon hire at the beginning of the second season when the employer anticipates the employee will work an average of at least 80 hours per month and work for at least eight hours in each month of the season. (Policy #15-1, 2d)	
Eligibility Decision	Decision
If you answered " Yes " to all of the requirements, the employee is eligible for the employer contribution for benefits each month with 8 or more hours of pay status. 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 at this time under the requirements outlined in WAC 182-12-131 and Policy 15-1. Continue with step 4 of this worksheet. Routinely monitor the employee for changes in eligibility.	
1. Contact PEBB - Employer	
Contact PEBB by FUZE email	
<ul style="list-style-type: none"> • Verify if the employee continued benefits by self-paying premiums to HCA during their absence. 	
Contact PEBB continued	
<ul style="list-style-type: none"> • If the employee self-paid, verify which benefits and coverage (enter type of coverage self-paid in section 3a and enter the amount of life insurance self-paid in section 3b of this worksheet.) • Provide PEBB with the date(s) the employee has or will have 8 or more hours of pay status in a month, PEBB will release the PAY1 insurance system record to the home agency. The agency will reinstate coverage. Use reason code 05 Return from LWOP. • Regardless of whether the employee self-paid, continue with step 2. 	
2. Initial Date of Eligibility for Employer Contribution	Date
Enter the first day of the month in which the employee has 8 or more hours of pay status.	
3. Coverage Begins:	
a. Medical and Dental	Date
Coverage begins the first day of the month in which the employee has 8 or more hours of pay status in a month.	
Regaining Eligibility for the Employer Contribution (WAC 182-08-197)	
Employees who regain eligibility for the employer contribution must complete and return the <i>Employee Enrollment/Change</i> form no later than 31 days after regaining eligibility.	
If the form is not returned within 31 days of regaining eligibility, the employee only (i.e., no dependents) will be defaulted to the Uniform Medical Plan Classic and Uniform Dental Plan.	
Employer: Use reason code 05 Return from LWOP.	

b. Life Insurance			
Employees must submit a <i>Life Insurance Enrollment/Change</i> form no later than 31 days after the employee regains eligibility for the employer contribution for benefits, even if they self-paid their coverage.			
Employer: Reinstate the supplemental life insurance amount that was self-paid only. Supplemental life insurance and spouse basic that was not self-paid requires carrier approval.			
Coverage		Amount	Effective Date
Employee Basic	The effective date is the first day of the month in which the employee has at least 8 hours of pay status.	25,000	
Did the employee self-pay the following coverage? (<i>Enter a Y or N next to the type of coverage.</i>)			
Employee Supplemental	Yes, employee self-paid coverage.		
	No, employee must reapply. Carrier approval is required.		
Dependent (Child) Basic	Yes, employee self-paid coverage.		
	No, employee must reapply. Carrier approval is not required.		
Spouse Basic	Yes, employee self-paid coverage.		
	No, employee must reapply. Carrier approval is required.		
Spouse Supplemental	Yes, employee self-paid coverage.		
	No, employee must reapply. Carrier approval is required.		
Supplemental AD & D	Yes, employee self-paid coverage.		
	No, employee must reapply. Carrier approval is not required.		
c. Long-Term Disability (LTD) Insurance			
If the employee was eligible to continue LTD insurance, but discontinued LTD insurance, the employee must submit the <i>LTD Enrollment/Change</i> form with evidence of insurability for carrier approval to reinstate optional LTD insurance.			
A form is not required if the employee self-paid LTD insurance or if the employee was not eligible to self-pay LTD insurance. (Only employees on approved educational leave or active military duty may continue basic and optional LTD insurance)			
Employee's* that were not enrolled in LTD coverage at the time of layoff, but choose to enroll in optional LTD coverage when they return from layoff must submit a LTD Enrollment/Change form to their employing agency and evidence of insurability to the carrier for approval.			
Coverage			Effective Date
Basic LTD	Effective date is the first day of the month in which the employee has at least 8 hours of pay status.		
<i>Note: Seasonal employees who work a season of less than 9 months are eligible for Basic LTD only.</i>			
Optional LTD	Yes, effective date is the same as basic LTD.		
	No, the effective date is the first of the month following the month in which the employee is in pay status for 8 or more hours unless the employee was eligible to self-pay. If the employee was eligible to self-pay, evidence of insurability is required to reinstate optional LTD coverage.		

4. 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 (WAC182-16). 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's Signature	Agency/Sub Agcy	Date

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