

**PEBB Benefit Eligibility**

**Worksheet A-1 - Newly Hired Employees (Salaried and Hourly)**

- This worksheet determines benefit eligibility for newly hired employees who are anticipated to work on a salaried or hourly basis.
- Complete and share this worksheet with the employee.
- If the employee's situation changes, complete a new worksheet and notify the employee of the eligibility changes.

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

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

<b>Federal Reporting Requirements (Affordable Care Act)</b>	
The Affordable Care Act (ACA) requires employers to determine the anticipated average hours of service of new and returning employees and employees who experience a change in employment status. 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 of service over the next 12 months. See <i>ACA Employee Status Code Instructions</i> for more information.	
Type of Employee	ACA Codes
<b>Employee:</b> 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
<b>Educational Organization Employee:</b> A new or returning employee employed by an educational organization (e.g., primary, secondary, preparatory and 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
<b>Seasonal:</b> A new or returning employee anticipated to work on a seasonal basis (specific time of the year) for 6 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
ACA Employee Status	ACA Code
Is the employee anticipated to average 130 or more hours of service per month for the next 12 months? Enter the ACA code that best describes the employee.	Y2
<i>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.</i>	
Stacking Hours within an Agency (WAC 182-12-114)	Enter a Y or N
Employee has informed you that:	
He or she is working in other position(s) or job(s) in your agency.	N
If "Yes," include the hours from all positions or jobs (except faculty positions) when determining eligibility.	
Layoff Notification (WAC 182-12-129)	Enter a Y or N
Employee has informed you that:	
He or she is returning from layoff within 24 months of their original layoff date. († see signature box for layoff information)	N
If "Yes," complete worksheet D-2A.	

Requirements for Eligibility (WAC 182-12-114)	Enter a Y or N
Anticipate employee will work:	
<p>a. An average of at least 80 hours per month, and</p> <p><i>When calculating hours:</i></p> <ul style="list-style-type: none"> <li>• Include all hours from all positions/jobs in your agency (stacking hours), and</li> <li>• Exclude the following hours: <ul style="list-style-type: none"> <li>- Standby hours</li> <li>- Any temporary increase in work hours, of 6 consecutive months or less, caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern</li> <li>- Paid time off (e.g., vacation time, sick leave, holiday, etc.)</li> </ul> </li> </ul> <p>Describe excluded hours: _____</p>	Y
b. At least 8 hours in each month, and	Y
c. For more than 6 consecutive months.	Y
<b>Eligibility Decision</b>	<b>Decision</b>
If you answered "Yes" to all requirements, the employee is benefits eligible. Continue with Step 1 of this worksheet.	Yes
If you answered "No" to any of the requirements, the employee is not benefits eligible at this time. Go to Step 6 of this worksheet. Routinely monitor the employees' eligible work hours to establish eligibility.	
<b>1. Initial Date of Eligibility</b>	<b>Date</b>
Employee is benefits eligible on the first day of employment. Enter the date of employment.	
<b>2. Coverage Begins:</b>	<b>Date</b>
The first day of the month following the date the employee becomes eligible (see #1 section above). If the employee becomes eligible on the first working day of the month, benefits begin on that date. (For example: If the employee's first day of work is on August 1, coverage begins on August 1. If the employee's first day of work is after the first of the month (August 15), coverage begins on September 1).	
<b>3. New Employee Resources to Enroll in PEBB Benefits</b>	
<p>The following resources are available for newly eligible employees or any employee seeking information about PEBB benefits:</p> <ul style="list-style-type: none"> <li>• A website <a href="http://www.hca.wa.gov/pebb/pages/new_employee.aspx">www.hca.wa.gov/pebb/pages/new_employee.aspx</a> with links to: <ul style="list-style-type: none"> <li>- A video that provides an orientation and overview to PEBB benefits</li> <li>- Information and enrollment forms</li> </ul> </li> <li>• For new employees unable to access the Internet: Your employer will provide the <i>Employee Enrollment Guide</i>.</li> </ul>	
<b>4. Form Submission Dates: (WAC 182-08-197)</b>	<b>Due Date</b>
The <i>Employee Enrollment/Change</i> form (includes the premium surcharge attestations) is due no later than <b>31 days</b> after the date of eligibility (first day of work).	
The <i>Life Insurance Enrollment/Change</i> form for basic life and optional life for the guaranteed issue is due no later than <b>60 days</b> after the date of eligibility.	
<p>The <i>Long-Term Disability* Enrollment/Change</i> form for basic LTD and optional LTD for the guaranteed issue is due no later than <b>31 days</b> after the date of eligibility.</p> <p><small>*Port Commissioners and seasonal employees who work a season of less than 9 months are eligible for basic LTD only.</small></p>	
The <i>FSA and DCAP Enrollment</i> form is due no later than <b>31 days</b> after the date of eligibility.	
Auto/Home Insurance may be applied for at any time with Liberty Mutual.	

**Form Submission Dates** *continued*

The PEBB Program verifies the eligibility of all dependents. Submit valid verification documents with your enrollment form, if enrolling dependents. A list of valid dependent verification documents is available on the PEBB website: <http://www.hca.wa.gov/pebb>

**5. Insurance System (PAY1) - Employer**

- If forms are not returned by the due date, enroll the employee only (no dependents) in Uniform Medical Plan Classic, Uniform Dental Plan, basic life, and basic LTD insurance (WAC 182-08-197(1)(b)). If the employee does not attest to the premium surcharges, default their tobacco use to "yes" (use attestation code "D") (WAC 182-08-185).
- If the forms are returned by the due date, enroll the employee and enter the eligibility for dependents to begin the dependent verification process.
- Use reason code *01 Newly Eligible Member* to enroll the employee in PEBB benefits in the insurance system.

Enter a "Y" or "N" to verify employee received the following notifications.

**6. Notifications - Employer**

Employee received:	Notice of the Benefit Exchange:	CHIP Notice:
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**7. 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 PEBB benefits) and WAC 182-12-131 (maintaining the employer contribution). I understand that if I have a change that affects my eligibility for PEBB 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 my responsibility to inform my employer immediately if there is a change in the tobacco use status of any enrollee on my PEBB medical plan as described in WAC 182-08-185(1).

I understand it is my responsibility to inform my employer immediately if there is a change in my spouse's or domestic partner's employer-based group medical insurance as described in WAC 182-08-185(2).

I understand it is 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 my employer. For a complete explanation of the appeals process and appeal forms, visit the PEBB website at: [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

Employee Signature		Date
		
Agency Representative Signature		Date

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