

A-1 Worksheet: Newly hired employee (hourly/salaried)

Employee Name: _____ Employee ID: _____

Employee Email Address: (optional) _____

EMPLOYEE ELIGIBILITY NOTIFICATION

1. Stacking Hours Within an Agency (WAC 182-12-114)(1)©	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
2. 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 the original eligible position ending.	N
If "Yes," complete the D-2a worksheet.	
3. Requirements for Eligibility (WAC 182-12-114)(1)(a)	Enter a Y or N
An employee is eligible if he or she is:	
a. Anticipated to work an average of at least 80 hours per month;	N
b. Anticipated to work for at least 8 hours in each month; and	No
c. For more than 6 consecutive months.	No
4. Eligibility Decision	Decision
If the answer is "Yes" to all requirements, you are benefits-eligible. Go to section #5 of this worksheet.	
If an answer was "No" to any of the requirements, you are not benefits-eligible at this time. Go to section #9 of this worksheet.	No
5. Date of Eligibility (WAC 182-12-114)(1)(b)(i)	Date
You are eligible from the date of employment. This is typically your first day of work.	
6. Coverage Begins: (WAC 182-12-114)(1)(d)	Date
Your insurance is effective as of this date.	
7. New Employee Resources to Enroll in PEBB Benefits	
<p>The following resources are available for newly eligible employees about PEBB benefits:</p> <ul style="list-style-type: none"> • PEBB website (www.hca.wa.gov/public-employee-benefits/employees/how-enroll) <ul style="list-style-type: none"> - Videos that provide an overview of PEBB benefits - Information and enrollment forms • For new employees without Internet access: Request the <i>Employee Enrollment Guide</i> from your agency's personnel, payroll, or benefits office. 	

8. Form Submission Dates: (WAC 182-08-197)(1)(a)		Due Date
The <i>Employee Enrollment/Change</i> form (including the premium surcharge attestations) must be received no later than 31 days after you become eligible for PEBB benefits.		
The <i>MetLife Enrollment/Change</i> form or enrollment through the MetLife MyBenefits portal (link below) for basic and optional life must be received no later than 31 days after you become eligible for PEBB benefits. www.metlife.com/wshca		
The <i>Long-Term Disability Enrollment/Change</i> form* for basic and optional LTD must be received no later than 31 days after you become eligible for PEBB benefits. <i>*Port Commissioners and seasonal employees who work a season of less than 9 months are eligible for basic LTD only.</i>		
The <i>Medical FSA and DCAP Enrollment</i> form* must be received no later than 31 days after you become eligible for PEBB benefits. <i>*Available to state and higher education institution employees only.</i>		
If you are enrolling and including dependents, valid Dependent Verification (DV) documents must be received no later than 31 days after you become eligible for PEBB benefits. A list of valid DV documentation is available on the PEBB website: https://www.hca.wa.gov/public-employee-benefits/employees/dependent-verification		
Auto or home insurance may be applied for at any time with Liberty Mutual.		
<p>Important: Your employing agency must receive the required documents, including dependent verification, indicating medical, dental, optional LTD insurance elections and attestations, and MetLife must receive optional life insurance elections no later than 31 days after you become eligible for PEBB benefits.</p> <p>Failure to submit your forms timely will result in enrollment as follows: Uniform Medical Plan Classic, Uniform Dental Plan, basic life, basic LTD, dependents will not be enrolled, and a tobacco use surcharge will be incurred (WAC 182-08-197(1)(b)). In addition, a statement of health form will be required for any requested optional life insurance and an evidence of insurability form will be required for any requested optional LTD insurance.</p> <p>Forms must be submitted even if you choose to waive medical coverage.</p>		
9. Signature and Date		
<ul style="list-style-type: none"> • I have reviewed the above information and acknowledge the decision made. • I understand I can access PEBB rules and guidance on the above decision through the PEBB website, specifically WAC 182-12-114 and WAC 182-12-131: https://www.hca.wa.gov/public-employee-benefits/rules-and-policies 		
<ul style="list-style-type: none"> • I understand if I have a change that affects my eligibility for PEBB 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 original eligible position ending. (For the limited purpose of determining PEBB benefit eligibility, "layoff" is defined in WAC 182-12-109 and there are examples in WAC 182-12-129 and WAC 182-12-133(1)(b)(v)). • I understand it is my responsibility to immediately inform my employer if I have or obtain multiple jobs or positions within the agency. • I acknowledge 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 (Chapter 182-16 WAC). • I understand 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 https://www.hca.wa.gov/about-hca/file-appeal-pebb 		
Employee Signature		Date
Agency Representative Signature	Agency/Sub Agency	Date

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