

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 eligibility changes.
- If employee is returning from layoff within 24 months of their layoff date, use worksheet D-2.

Employee Name: _____ Employee ID: _____

Enter a "Y" or "N" for each of the requirements for eligibility.

| Requirements for Eligibility (WAC 182-12-114) | |
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| Anticipate employee will work: | Enter a Y or N |
| a. An average of at least 80 hours per month, and <i>When calculating hours:</i> <ul style="list-style-type: none"> • Include all hours from all positions/jobs in your agency (Stacking hours), and • Exclude the following hours: <ul style="list-style-type: none"> - Standby hours - Any temporary increase in work hours caused by training or emergency hours that have not been or are not anticipated to be part of the employee's regular work schedule or pattern. | |
| b. At least 8 hours in each month, and | |
| c. For more than six (6) consecutive months. | |
| Eligibility Decision | Decision |
| If you answered "Yes" to all requirements, the employee is benefits eligible. Continue with Step 1 of this worksheet. | |
| If you answered "No" to any of the requirements, the employee is not benefits eligible at this time. Go to Step 5 of this worksheet. Routinely monitor the employees' eligible work hours to establish eligibility. | |

Enter the date of employment in the Date field. Select the Tab key on you keyboard, the Due Date fields will automatically populate. Enter the date coverage begins in Section 4.

| 1. Initial Date of Eligibility | Date |
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| Employee is benefits eligible on the date of employment, enter the date of employment. (Coverage may not begin on your date of eligibility, see Section 4 for date coverage begins.) | |
| 2. Employee Enrollment Kit | |
| Give the employee the <i>Employee Enrollment Kit</i> immediately. The Employee Enrollment Kit includes: <ul style="list-style-type: none"> • Employee Enrollment Guide with forms • Life Insurance booklet with forms • Long-Term Disability (LTD) booklet with forms • Flexible Spending Account (FSA) brochure <i>(state agencies and higher education only)</i> • Dependant Care Assistance Program (DCAP) brochure <i>(state agencies and higher education only)</i> • Long-Term Care flyer • Auto/Home Insurance brochure | |
| 3. Form Submission Dates*: | Due Date |
| The Employee Enrollment/Change form is due no later than 31 days after the eligibility date. | |
| The Life Insurance Enrollment form is due no later than 60 days after the eligibility date. | |
| The Long-Term Disability (LTD) Enrollment/Change form is due no later than 31 days after the eligibility date. | |
| FSA and DCAP Enrollment forms are due to ASIFlex no later than 31 days after the eligibility date. | |

| Form Submission Dates* (continued) | | Due Date |
|---|-------------------|-----------------|
| Long-Term Care application is due to John Hancock anytime. If application is submitted no later than 31 days after the eligibility date, proof of good health may not be required. | | |
| Auto/Home Insurance may be applied for at anytime directly with Liberty Mutual. | | |
| <i>*If the employee does not return the forms by the due date, enroll the employee only (i.e. no dependents) in the Uniform Medical Plan, Uniform Dental Plan, Basic LTD, and Basic Life Insurance. (WAC 182-08-197)</i> | | |
| 4. Coverage Begins: | | Date |
| The first day of the month following the date the employee becomes eligible. If the employee becomes eligible on the first working day of a month, benefits begin on that date. | | |
| 5. Signature and Date | | |
| <p>I have read the above eligibility rules for PEBB benefits and acknowledge the decision made. 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.</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 or immediately if I have or obtain multiple jobs or positions within the agency.</p> <p>I acknowledge that I have the right to appeal the eligibility decision made by my employer through the PEBB Appeals Process. The appeals process and forms are available on the PEBB web site: www.pebb.hca.wa.gov</p> | | |
| Employee Signature | | Date |
| Agency Representative Signature | Agency/Sub Agency | Date |

Print 2 copies, place the signed copy in the employee's file and give the second copy to the employee.