

Chapter 1

Introduction to the PAY1 System

Chapter 1

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Access to the PAY1 System

1. Open PAY1. The Message 10 screen opens. Type CICIP3 at the cursor. Choose Enter.

```
MESSAGE10

STATE OF WASHINGTON - AUTHORIZED USE ONLY
SITE CONTAINS GOVERNMENT DATA
UNAUTHORIZED USE IS SUBJECT TO CRIMINAL OR
CIVIL PENALTY (USE IS MONITORED)

IF YOU ARE AUTHORIZED, TYPE YOUR SERVICE
IDENTIFIER AND PRESS <ENTER>
```

2. The mainframe log-in screen opens.

```
12/12/2008          CICS Application ID: NCICD1          09:10:19

STATE OF WASHINGTON - AUTHORIZED USE ONLY

This site contains government information. Your use may be monitored.
Unauthorized use is subject to civil, criminal, and/or administrative action.

If you are AUTHORIZED, type in your USERID and PASSWORD.

                USERID
                PASSWORD
                NEW PASSWORD
                CONFIRM NEW PASSWORD

                Press ENTER to process or PF3 to END
```

3. Type your USERID (7 characters). Choose Tab.
4. Type your (RACF) password. (See Password Requirements section of this manual) Choose Enter.

5. The message "Sign-on Complete" displays.

```
SIGN-ON COMPLETE.
```

6. Type PAY1 at the cursor. Choose Enter. The PAY1 login screen opens.

```
***** GOOD MORNING - PLEASE ENTER SIGN-ON INFORMATION *****
***** PERSONNEL PAYROLL ONLINE SYSTEMS *****      MAPK011
***** OPERATOR IDENTIFICATION *****

AGENCY:          SUB-AGENCY:          SSN:          PASSWORD:
                  SELECTION:          NEW PASSWORD:

                  HELP:          PRESS PF1 FOR ONLINE INSTRUCTION

*****
*** YOU WILL BE ACCESSING DEMO FILES ***
*****

***** TO LEAVE THE SYSTEM FROM ANY SCREEN *****

          CLEAR - EXIT
          PF12 - EXIT AND LOGOFF

ENTER - NEXT SELECTION, PF1 - HELP, PF3 - SYSTEM MENU
```

7. Type your Agency code.
8. Type your Sub-Agency code, if applicable. If you do not have a sub-agency code, tab through the sub-agency field.
9. Type your SSN. Choose Tab.
10. Type your (PAY1) Password.

11. Tab to the Selection field. Type A01, choose Enter. The A.01 Person Data screen opens.

```
***** A.01 - PERSON DATA ***** MAPA011

SOC SEC:                                HOME AGY/SUB-AGY:
LAST NAME:                              SUFFIX:
FIRST NAME:
MIDDLE NAME:
SHORT NAME:
PHONE - BUSINESS/WORK:                 HOME:
HOME ADDRESS:                           ADDR EFF DATE:
LINE1:
LINE2:
LINE3:
CITY:
COUNTY:
ST:      ZIP CD:
COUNTRY CD:

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:
ST:      ZIP CD:
COUNTRY CD:

BIRTH DT:      GENDER:    PERM ST:      ANNIV DT:
NEW SSA:
NEXT FUNCTION: A 01  TYPE:  SSA:      AGY:    SUB:      PAY ACTION :
P2-PRT :
```

Password Requirements

Passwords must:

- Be 8 characters in length.
- Contain at least one number (i.e. 0, 1, 2, ... 9)
- Contain at least one alphabetic character (i.e. a, b, c, ... z) *Note: Passwords are not case sensitive; all characters are converted to upper case before processing.*
- Contain at least one of the following special characters #, \$, or @ *Note: No other special characters are valid in passwords.*
- Be changed at least every 60 days. Security maintains a history of each user's most recent five (5) passwords and does not allow the reuse.

Passwords may not:

- Contain the first three to six consecutive characters of your name as it appears in the security database. *For example: John Barrymore cannot use joh, john, bar, barr, barry, or barrym anywhere in the password.*
- Contain your user ID.

Examples of Passwords

User's name in database = John Smith, User's ID = JS00211

Valid Password Examples

\$ismksc9 (contains numeric character, special character, and alpha characters)

b\$o#ca22 (contains numeric characters, special characters, and alpha characters)

m@129apy (contains numeric characters, special character, and alpha characters)

Invalid Passwords

Moneybag (contains alpha characters only)

Moneyba2 (contains alpha and numeric characters only)

cev#ga2 (less than 8 characters)

\$2749638 (contains numeric characters and special character only)

js00211# (contains user's User ID)

john#007 (contains part of user name, "john")

#2smi\$56 (contains part of user name, "smi")

Password Tips

Entering Passwords

Be careful entering your eight-character password on the TPX and TSO sign-in screens. The input field for the password is eight characters and the cursor will automatically advance to the “New Password” field. If you accidentally type a character in that field and press Enter, the system assumes you are trying to change your password and prompt you to re-enter your new password for verification. Choose F3 to escape the sign-in screen and start over.

Choosing a Good Password

- Avoid obvious passwords. Do not use names of children, spouses, pets, favorite sports teams, birthdays, or similar personal things that others are also likely to know.
- Do not use anything that can be found in a dictionary. If you want to use a word, mix in special characters and numbers, or even intentionally misspell the word, such as #guvnor1 or @2gether.
- Make up an acronym on a song, a sentence, poem, or rhyme then mix in special characters and numbers to a length of 8 characters, as in the following examples.

“I Saw Mommy Kissing Santa Clause...”ism\$9ksc

“The Check Is In The Mail” 5#tciitm

“My Dog Fido Drools A Lot” mdfdal@7

- Do not use any of these examples...make up your own schemes!

Safeguarding Your Password

- NEVER tell your password to anyone, including co-workers.
- NEVER share your user ID and password with others. You alone are responsible for what is done with your user ID.
- Do not write your password down. A written password is more easily discovered than one committed to memory.
- Be careful when typing in your password. Make sure no one is looking over your shoulder.

Command Line Review

The command line is located at the bottom of every screen.

```
***** A.01 - PERSON DATA ***** MAPA011
SOC SEC:                                HOME AGY/SUB-AGY:
LAST NAME:                              SUFFIX:
FIRST NAME:
MIDDLE NAME:
SHORT NAME:
PHONE - BUSINESS/WORK:                  HOME:
HOME ADDRESS:
LINE1:                                  ADDR EFF DATE:
LINE2:
LINE3:                                  COUNTY:
CITY:                                    ST:      ZIP CD:
                                           COUNTRY CD:
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:                                    ST:      ZIP CD:
                                           COUNTRY CD:
BIRTH DT:                               GENDER:   PERM ST:   ANNIV DT:
NEW BORN:
NEXT FUNCTION: A 01 TYPE:  SSA:          AGY:      SUB:      PAY ACTION :
```

Next Function – Enter the screen identifier. The insurance screens are:

- A.01 Person Data, (i.e., Name, Address, etc.)
- A.41 Subscriber Data, (i.e., eligibility, enrollment, transfer employees, or terminate insurance)
- A.42 Display Dependents (*This screen is only available for subscribers with more than one dependent; a maximum of 15 dependents may be listed.*)
- A.43 Dependents Data
- A.44 Health and Dental Coverage
- A.45 Life Coverage
- A.46 LTD Coverage
- A.51 Subscriber History
- A.53 Spouse and Dependent History
- A.55 Life and LTD Coverage History

Type – Enter the one of the codes below to add, view or update a record.

- “A” Add
- “I” Inquire
- “U” Update

SSA – Enter the social security number of the subscriber.

AGY – Enter your Agency code.

Sub – Enter your sub-agency code, if applicable

The Function options available are determined by the Type ("A", "I", or "U) entered.

| |
|---|
| <p>ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF4-CANCEL, PF9-HISTORY PF10-UPDATE/ADD</p> |
|---|

Enter Next logical screen or the screen number entered into the Next Function field.

F1 On-line Help

F2 Personnel/Payroll menu

F3 System menu (Name-SSA Cross Reference)

F4 Cancels any changes made.

F9 Subscriber History screens.

F10 Updates the record

Screen Review

A.01 – Person Data

```
***** A.01 - PERSON DATA ***** MAPA011

SOC SEC:                                HOME AGY/SUB-AGY:
LAST NAME:                               SUFFIX:
FIRST NAME:
MIDDLE NAME:
SHORT NAME:
PHONE - BUSINESS/WORK:                  HOME:
HOME ADDRESS:                           ADDR EFF DATE:
LINE1:                                   COUNTY:
LINE2:                                   ST:           ZIP CD:
LINE3:                                   COUNTRY CD:
CITY:

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:           ST:           ZIP CD:
                                   COUNTRY CD:

BIRTH DT:          GENDER:    PERM ST:          ANNIV DT:
NEW SSA:
NEXT FUNCTION: A 01 TYPE: SSA:          AGY:    SUB:    P2-PRT :
                                           PAY ACTION :
```

This is the first screen established in the insurance enrollment process. A person record must exist before insurance enrollment may be completed. The person record is created by the nightly GAP 9 report from the HRMS system.

When a subscriber works for more than one agency or sub-agency, only one agency may have the authority and responsibility for maintaining the Person record. This agency/sub-agency is considered the home agency and is responsible for the subscriber's insurance. The home agency lock is set when you enter your agency and sub-agency (if applicable) on the A.41 – Subscriber Data screen.

If your agency is responsible for a subscriber's insurance, but you do not have security for the A.01 – Person Data screen, contact the agency shown at the top of the screen in the Home Agency field, and request an insurance agency transfer.

Soc Sec – This field displays the subscriber's social security number.

Home Agy/Sub-Agy – Displays the home agency entered on the A.41 – Subscriber Data screen. This is the OFM assigned number for each agency. If the subscriber is working for several agencies, the agency where the subscriber works the most hours would be the "home agency". The home agency needs to have the "home agency lock" and be responsible for the state portion of the insurance benefit package.

Last Name –Subscriber's last name

Suffix –Subscriber's name suffix if one exists, i.e. JR, SR, II, III

First Name –Subscriber's first name

Middle Name –Subscriber's middle name

Short Name – View or edit the information. The short name is created from the long name fields (last suffix, first middle), with a maximum of 20 characters. The short name

is used for reporting purposes only.

Phone – Business/Work –Subscriber’s business phone number including area code

Phone – Home –Subscriber’s home phone number including area code

Home Address Lines 1, 2, 3 – Subscriber’s street address. Each address line has a maximum of 30 characters. Use all 30 characters on address line 1 that are available by entering no punctuation (Use USPS punctuation standards. A complete guide to USPS standards can be found at: <http://pe.usps.gov/text/pub28/PUB28C2.html>). This address will be used to determine plan availability and for mail delivery purposes by HCA, if no address is entered in the Mailing Address fields. All address changes should be entered in HRMS. The nightly GAP9 report will update these fields. *Note: When making address changes, don’t forget to update the county and telephone number.*

Addr Eff Date – This field defaults to the current date when first establishing a subscriber’s record. This date must be updated if the address is changed. Enter the actual date of the move, if known. Otherwise enter the signature date on the subscriber’s change form.

County – View or enter the correct county code. An entry in this field will update the County field on the A.41 – Subscriber Data screen. If you know the city, but not the county, refer to the City-County Code list in the appendix of this manual. A county code is required for Washington state addresses only.

Valid county codes are:

| | | | | | | | | | |
|-----------|----------|-----------|---------------|-----------|-----------|-----------|--------------|--------------|--------------------------|
| 01 | Adams | 09 | Douglas | 17 | King | 25 | Pacific | 33 | Stevens |
| 02 | Asotin | 10 | Ferry | 18 | Kitsap | 26 | Pend Oreille | 34 | Thurston |
| 03 | Benton | 11 | Franklin | 19 | Kittitas | 27 | Pierce | 35 | Wahkiakum |
| 04 | Chelan | 12 | Garfield | 20 | Klickitat | 28 | San Juan | 36 | Walla Walla |
| 05 | Clallam | 13 | Grant | 21 | Lewis | 29 | Skagit | 37 | Whatcom |
| 06 | Clark | 14 | Gray’s Harbor | 22 | Lincoln | 30 | Skamania | 38 | Whitman |
| 07 | Columbia | 15 | Island | 23 | Mason | 31 | Snohomish | 39 | Yakima |
| 08 | Cowlitz | 16 | Jefferson | 24 | Okanogan | 32 | Spokane | Blank | Out of State/ Country |

City – City for subscriber’s home address. All address changes should be entered in HRMS. The nightly GAP9 report will update the field.

State – State for subscriber’s home address. For a foreign address use ZZ or the Canadian Province code in the state field. All address changes should be entered in HRMS. The nightly GAP9 report will update the field.

Valid US state codes:

| | | | | | | | |
|-----------|------------|-----------|----------|-----------|----------------|-----------|----------------|
| AL | Alabama | IL | Illinois | MT | Montana | RI | Rhode Island |
| AK | Alaska | IN | Indiana | NC | North Carolina | SC | South Carolina |
| AR | Arkansas | IA | Iowa | ND | North Dakota | SD | South Dakota |
| AZ | Arizona | KS | Kansas | NE | Nebraska | TN | Tennessee |
| CA | California | KY | Kentucky | NH | New Hampshire | TX | Texas |

| | | | |
|----------------------------|-------------------------|------------------------|-------------------------|
| CO Colorado | LA Louisiana | NJ New Jersey | UT Utah |
| CT Connecticut | MA Massachusetts | NM New Mexico | VA Virginia |
| DE Delaware | MD Maryland | NV Nevada | VT Vermont |
| DC Dist of Columbia | ME Maine | NY New York | WA Washington |
| FL Florida | MI Michigan | OH Ohio | WI Wisconsin |
| GA Georgia | MN Minnesota | OK Oklahoma | WV West Virginia |
| HI Hawaii | MO Missouri | OR Oregon | WY Wyoming |
| ID Idaho | MS Mississippi | PA Pennsylvania | |

Valid Military State Codes:

| | |
|---------------------------------------|-------------------|
| AA Armed Forces (the Americas) | Miami, FL |
| AE Armed Forces Europe | New York, NY |
| AP Armed Forces Pacific | San Francisco, CA |

Valid Canadian Province Codes:

| | |
|-------------------------------------|--------------------------------|
| AB Alberta | NU Nunavut |
| BC British Columbia | ON Ontario |
| MB Manitoba | PE Prince Edward Island |
| NB New Brunswick | QC Quebec |
| NL Newfoundland and Labrador | SK Saskatchewan |
| NT Northwest Territories | YT Yukon |
| NS Nova Scotia | |

Note: American Territory codes are entered in the Country Code field.

Zip CD – Subscriber’s home address zip code. For a foreign address, enter the Canadian Province or ZZ in the State field, which will allow the Zip Code field to accept both alpha and numeric characters or remain blank. All address changes should be entered in HRMS. The nightly GAP9 report will update the field.

Country CD – A country code is required if the state field is a Canadian Province or ZZ. American Territory codes are entered in the Country Code field. A country code is not required for US addresses. For a list a valid country codes: www.iso.org/iso/country_codes/iso_3166_code_lists/english_country_names_and_code_elements.htm

Mailing Address Lines 1, 2 – Subscriber’s mailing address, if provided. Use USPS punctuation standards. (A complete guide to USPS standards can be found at: <http://pe.usps.gov/text/pub28/PUB28C2.html>.) This address, if entered, will be used for mail delivery purposes by HCA. All address changes should be entered in HRMS. The nightly GAP9 report will update the fields. The mailing address is optional. If no mailing address exists, the home address will be used for mailings.

City – City for subscriber’s mailing address. All address changes should be entered in HRMS. The nightly GAP9 report will update the field.

State – State for subscriber’s mailing address. For a foreign address use ZZ or the Canadian Province in the state field. All address changes should be entered in HRMS. The nightly GAP9 report will update the field.

Zip CD – 5 or 9 digit zip code of subscriber’s mailing address. For a foreign address, enter the Canadian Province or ZZ in the State field which will allow the Zip Code field to accept both alpha and numeric characters or remain blank. All address changes should be entered in HRMS. The nightly GAP9 report will update the field.

Country CD – A country code is required if the state field is a Canadian Province or ZZ. American Territory codes are entered in the Country Code field. A country code is not required for US addresses. For a list a valid country codes:
www.iso.org/iso/country_codes/iso_3166_code_lists/english_country_names_and_code_elements.htm

Birthdate – View or enter the subscriber’s date of birth. *Note: When correcting a subscriber’s date of birth, re-key all fields (month, day, and year).*

Gender – View or enter the gender of the subscriber.

New SSA – Use this field to correct a subscriber’s social security number. When correcting a subscriber’s SSN, make the correction in both PAY1 and HRMS on the same day to keep the systems in sync.

Tips for the A.01 Screen

- State agencies have update capability on the A.01 Person Data screen. However, data is also updated by a nightly interface file from the HRMS system, so in most cases users will not have to do dual entry. The nightly GAP 9 Report will populate the PAY1 insurance system with name, SSN, home address, mailing address (if one is available), birth date, gender, and permanent status for new hires. It will also update changes made in HRMS by the home agency. In the case of dual appointment, only the data from the home agency will update the information on this screen.
- State agencies must correct social security numbers in PAY1, as well as in the HRMS system. It is important to key in both systems on the same day to keep the systems in sync.
- When making address changes, don’t forget to update the county and telephone number.
- If a mailing address is provided, HCA will use the mailing address for all mailings. If no mailing address is provided, the home address will be used for mailings.

A.41 – Subscriber Data

```

***** A.41 - SUBSCRIBER DATA *****                               MAPA411

SOC SEC NBR      :                               NAME              :
HOME AGENCY     :                               HOME SUB AGENCY   :
TRANSFER REASON :                               TRANSFER EFF DT    :
HOME PHONE     :                               BUSINESS/MSG PH    :
MAIL STOP      :                               COUNTY            :

ELIGIBILITY CODE :                               ELIG      EFF DATE:
ELIGIBILITY REASON :                               COBRA/SELF END DT:
QUALIFY REASON   :                               PENDING EFF DATE:
PENDING ELIG CODE :                               SUBSIDY END DATE:

ORIG SOC SEC NUM :                               ORIG AGENCY       :
APPT STATUS      :                               AGY EFF/END DATE:
PAY METHOD        :                               MONTHLY SALARY   : 00000000
MARITAL STATUS   :                               (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE:                               DECEASED DATE:
                                                         RETIRED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE:                               TERM REASON:

NEXT FUNCTION: A 41 TYPE: I SSA:                               AGY:      SUB:      PAY ACTION
REQ CANCELLED  ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

The A.41 screen is used to establish insurance eligibility, enroll subscribers in insurance, transfer subscribers in or out of an agency, and/or terminate the subscriber's insurance coverage. *Note: The Appt Status and Monthly Salary fields are updated by the nightly GAP 9 Report from the HRMS system.*

The subscriber's home agency is responsible for maintaining the insurance screens and paying the employer share of the benefit package. If a subscriber is not eligible for insurance, you will not need to access the PAY1 system. When subscribers become eligible for insurance, enroll them in medical, dental, basic life, and basic LTD coverage. Subscribers have the option to waive medical coverage for themselves if they have other medical coverage and waive coverage for any or all dependents.

When you establish insurance eligibility or make changes in the PAY1 system, a nightly file will be sent to HRMS (GAP 16). The GAP 16 Report will contain new enrollment information, medical and dental plan changes, family composition changes, terminations, and effective dates. *Note: If the date you key is a future date, the information entered will pend until the end of the month. The new information will transfer to HRMS on the first report after the month closes. Example: If today is 05/05/2009 and you terminate a subscriber's insurance eligibility effective 05/31/2009 – this transaction will pend until the end of May. It will go on the next GAP 16 Report to HRMS after May closes.*

The A.41 always displays the subscriber's current data.

Soc Sec Nbr – View the subscriber's social security number. Changes to this field are made on the A.01 screen.

Name – The subscriber's name, up to 20 characters (last name, first name middle name). Changes to this field are made on the A.01 screen.

Home Agency – View or enter the home agency code.

Home Sub Agency – View or enter the home sub-agency code, if applicable.

Transfer Reason – Use this field to transfer a subscriber from one agency to another. Do not use this field to transfer a subscriber to a K-12 school district, political subdivision, retirement, self-pay, or COBRA. Valid codes include:

401 Transfer Out **201** Transfer In

Transfer Eff Date – Enter the transfer in or transfer out date. See the Transfer Subscriber’s between Agencies section of this manual for details on when to use this field.

Home Phone – View any updates made on the A.01 screen.

Business/Msg Phone – View any updates made on the A.01 screen.

Mail Stop – Enter the mail stop of the subscriber’s work location, if applicable.

County – View the county code entered on the A.01 screen.

Elig Code – Enter the code which describes the subscriber’s eligibility. Only one eligibility code change is permitted per day. Valid codes are:

Active Subscribers:

- Y** Eligible active subscriber (state, higher ed, ESD, K-12 school districts, and employer groups paying the **composite** rate)
- X** Eligible active subscriber (ESD, K-12 school districts, and employer groups paying the **tiered** rate)
- N** Not enrolled

Retirement Systems

- R** Retiree (state, higher ed, employer groups)
- K** Retiree (K-12, ESD)
- N** Not enrolled

Health Care Authority

- X** K-12, ESD, and employer group actives (tiered rate)
- Y** Active (composite rate)
- S** Self-pay (LWOP/Layoff due to RIF)
- E** Self-pay (dental only)
- C** COBRA (active state)
- G** COBRA Retiree (state)
- D** COBRA Retiree (K-12)
- T** COBRA (dental only)
- N** Not enrolled
- R** Retiree (state, higher ed, employer groups)
- K** Retiree (K-12, ESD)
- V** UMP Conversion Plan 1
- W** UMP Conversion Plan 2

Elig Eff Date – This field is used when enrolling or terminating a subscriber.

When enrolling a subscriber, enter the coverage effective date.

When terminating a subscriber, enter the last day of the month in which the employee was in pay status. *(For help with effective dates see the appendix)*

Eligibility Reason – Enter the code that best describes the reason the subscriber is enrolling or terminating coverage.

Enrollment Codes:

- | | |
|--|--|
| 01 Newly Eligible Member | 05 Return to Work from LWOP |
| 02 Extension of Coverage (HCA only) | 06 Reinstatement (HCA only) |
| 03 Retiree Rehire | 09 Self-pay waiting for first payment (HCA only) |
| 04 Return to Work from Layoff | 10 Return from waive/defer (HCA only; except during annual open enrollment) |

Termination Codes:

- 31** Termination – employment ending
- 32** Termination – due to gross misconduct
- 33** Approved LWOP
- 34** Layoff
- 35** Death
- 36** Retirement
- 37** Group Left (HCA only)
- 38** Applying for Disability Retirement
- 39** Voluntary Termination of Coverage (HCA only on the A.41)
- 41** Loss of Eligibility
- 42** Divorce/Dissolution of Partnership
- 44** Defer Retiree Coverage (HCA only)
- 45** Voluntary Termination of Self-Pay Coverage (HCA only)
- 46** Non-Payment (HCA only)
- 47** End Date Reached (HCA only)

Qualify Reason – This field is used to determine COBRA subsidy eligibility and to enroll a subscriber or dependent in COBRA. Agencies use this field to determine eligibility for the COBRA subsidy. HCA uses this field for enrollment into COBRA. Enter the correct code.

Valid Agency codes are:

- | | |
|--|---|
| Y Involuntary layoff (subsidy eligible) | N Termination (not subsidy eligible) |
|--|---|

Valid HCA codes are:

- | | |
|------------------------|--|
| A Ex-Spouse | D Surviving spouse or dependent |
| B Ex-Dependent | P Ex-Dependent Parent |
| C Ex-Subscriber | |

COBRA/Self End DT (For HCA use only) – This field is used by PEBB when enrolling a subscriber or dependent in self-pay or COBRA coverage. Enter the COBRA or Self-Pay end date. For eligibility codes **S** and **E**, the date can be no more than 29 months from the eligibility effective date. For eligibility codes **C**, **G**, **D**, and **T**, the date can be no more than 36 months from the effective eligibility date.

Pending Elig Code – This field displays the code entered in the ELIG Code field if the eligibility change is in the future, or if terminating eligibility with an effective date in the current processing month.

**To have pending eligibility erased, please contact
PEBB Outreach and Training at 1-800-700-1555**

Pending Eff Date – This field displays the future effective date entered in the ELIG EFF Date field or, if terminating eligibility with an effective date in the current processing month.

Subsidy End Date – This field will auto populate with the COBRA subsidy end date once the subscriber is enrolled in COBRA.

Orig Soc Sec Num (For HCA and DRS use only) – This field is used by PEBB when enrolling a subscriber or dependent in self-pay or COBRA. Enter the social security number of the subscriber from whom enrollment originated. This is a cross reference field to identify where COBRA dependents and surviving spouses first established eligibility.

Orig Agency (For HCA and DRS use only) – This field is used by PEBB when enrolling a subscriber or dependent in self-pay or COBRA. Enter the agency code of the last agency responsible for coverage. *Note: For K-12 Retirees – Enter the agency code for the school district from which the enrollee retired.*

Appt Status – This field is updated from the nightly GAP 9 Report from the HRMS system.

Agy Eff/End Date – If the eligibility code is Y (enrolled), this field will display the Elig Effective Date. If the eligibility code is N (not enrolled), this field will display the Elig End Date.

Pay Method – Enter the payment method which corresponds to the subscriber's eligibility. The valid entries are: **D** for payroll/pension deduction and **S** for self-pay. *(Self-pay codes are for HCA use only).*

- If the eligibility code entered on this screen is **Y** or **X** (active) – Enter **D** (deduction).
- If the eligibility code entered on this screen is **R** or **K** (Retired) – Enter **S** (self-pay) or **D** (deduct from retirement check) *(For HCA and DRS use only)*
- If the eligibility code is **S**, **E** (self-pay) or **C**, **D**, **G**, **T** (COBRA) – Enter **S** (self-pay) *(For HCA use only)*

Monthly Salary – This field will be updated from the nightly GAP 9 Report from the HRMS system. *Note: Correct salary is required in order to calculate the correct optional LTD premium and for Part C Max life insurance automatic increases.*

Marital Status – Enter the marital status of the subscriber. Valid codes are: **M** for married/partnership and **S** for single. *Note: M is also used when adding a domestic partner. When entering a divorce date or dissolution date for a domestic partner relationship, marital status must be changed to S (single).*

Marital Status Date – Enter the last marriage date for a spouse or the declaration/registration date for a domestic partner, if current status is married.

Deceased Date (For HCA and DRS use only) – Enter the deceased date of the subscriber. *Note: Entering a deceased date on this screen does not terminate the subscriber's insurance.*

Retired Date (for HCA and DRS use only) – Enter the subscriber's retirement date.

Spouse/Partner Div/Dis/Dec Date – Enter the divorce/dissolution date or the spouse/domestic partner's date of death. This will default the relationship field of the spouse to an X and will automatically term the spouse's health, dental, and life insurance effective the end of the month in which divorce/death occurred.

Term Reason: Enter a valid reason code. When the changes to this screen are saved, the reason code will move to the A.43 screen and no longer display on the A.41 screen. The choices include:

35 Death

42 Divorced/Dissolution

Note: If the divorce or deceased effective date entered in this field is in the current processing month, the system will display the spouse term date in the pending fields on the A.43 and A.45 screens. The spouse relationship will not be changed to X on the A.43 screen and the subscriber premium will not be recalculated on the A.44 and A.45 until the next month's invoicing.

Tips for the A.41 Screen

- When keying a transferred employee always check the A.41 screen prior to keying insurance, if the A.41 is terminated (Eligibility Code = N) or if Transfer Reason = 401 (transfer out), you may proceed with the enrollment per the Transfer instructions in this manual.
- If the A.41 is being held by another agency (the Eligibility Code does not = N), contact the Home Agency listed at the top of the A.41 and ask them to: Key a termination or a transfer out (whichever is appropriate).
- If the prior agency keys a termination, you must wait one day to enroll the insurance. A transfer may be keyed on the same day.
- To have pending changes erased, call PEBB Outreach and Training at 1-800-700-1555 or submit an incident through FUZE www.fuzeqna.com/perspay/consumer/question.asp.
- If you are unable to key the correct termination or effective date, please do not key an incorrect date. Call PEBB Outreach and Training at 1-800-700-1555 or submit an incident through FUZE www.fuzeqna.com/perspay/consumer/question.asp.

- To prevent system problems:
 - Always key eligibility screens in order
 - Avoid keying multiple SSN changes for a subscriber or dependent on the same day
 - Avoid keying enrollment and terminations for a subscriber or dependent on the same day
- Do not key any eligibility changes on the day State Share runs. Anything not keyed by 6PM the day before the State Share runs must be held for two days and not keyed until 36 hours after the State Share runs. Please refer to the schedule for state share run dates.
- When reinstating eligibility for a subscriber who was previously enrolled in the insurance system, the A.41 screen will automatically enroll the subscriber in the same carriers on the A.44 screen. Remember to change the carrier codes if the subscriber is not enrolling in the same medical and dental plan.
- Subscribers who waive medical must still be enrolled in dental, basic life, and basic LTD. Waiving medical coverage is completed on the A.44 screen.
- Agencies may override an existing reason code when a new employee is a re-hire.
- The reason code does not terminate coverage; you must still enter an eligibility of “N” on the A.41 screen to terminate an employee.
- Reason codes are required when changing the eligibility from an “N” to a “Y” or from a “Y” to an “N”.
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code the previous reason code will repopulate the reason code field.
- If you enter the wrong reason code, submit an incident through FUZE www.fuzeqna.com/perspay/consumer/question.asp.

A.42 – Display Spouse and Dependents

```

A4202 PLEASE SELECT DEPENDENT
***** A.42 - DISPLAY SPOUSE AND DEPENDENTS ***** MAPA421

SUBSCRIBER SSA: 999 99 9999          SUBSCRIBER NAME: DOE, JOSEPH L.

                                CURRENT      PENDING
I/U RELATIONSHIP   SSA           NAME           HLTH  DNTL  HLTH  DNTL
- SPOUSE           888 88 8801   DOE, JANE J    Y     X
- DAUGHTER        888 88 8802   DOE, TAMMY Z   Y     X
- SON             888 88 8803   DOE, JOSEPH X  Y     X
- EX-SPOUSE       888 88 8880   DOE, ALICE J   N     N

NEXT FUNCTION: A 43 TYPE: I SSA: 534 48 6128 AGY: 107 SUB: A  PAY ACTION:
PF1-HELP, PF2-RETN, PF3-SYSTEM, PF7/8-UP/DWN, PF9-HISTORY

```

The A.42 screen is only available for subscribers with more than one dependent. Up to fifteen dependents may be listed on this screen. The A.42 functions as a cross reference for each subscriber's enrolled dependents and displays the relationship, SSA, name, and current and pending health and dental enrollment indicators.

Subscriber SSA – Displays the subscriber's social security number

Subscriber Name – Displays the subscriber's name

I/U – Enter an "I" (inquire) or "U" (update) on the line of the dependent you wish to access. Choose Enter. The system will then take you directly to that dependent's screen in either the Inquiry or Update mode.

You may access the A.53 – Spouse and Dependent History screen by placing the cursor in the I/U column next to the dependent and pressing F9.

Relationship – This field displays the dependent's relationship to the subscriber.

SSA – Displays the social security number of each dependent

Name – Displays the name of each dependent

Current Hlth/Dntl – Displays the eligibility code "Y" if the dependent is currently enrolled or "N" if the dependent is not currently enrolled.

Pending Hlth/Dntl – Displays the eligibility code "Y" if the dependent is pending enrollment or "N" if the dependent is pending termination or waiver.

A.43 – Spouse and Dependents Data

```

***** A.43 - DEPENDENTS DATA *****          MAPA431

SUBSCR SOC SEC :                SUBSCR NAME :
----- DEPENDENT DATA -----
DEPEND SOC SEC :                DEPEND NAME :
GENDER :                        RELATIONSHIP :
MEDICARE - A :                   BIRTHDATE :
MEDICARE - B :                   QUAL REASON :
CERTIFICATION IND:  CERT EFF DATE:  CERT END DATE:
----- CURRENT ----- PENDING ---
ENR EFF DATE  PREM DATE  REASON                ENR EFF DATE

HEALTH:
DENTAL:
PHYS/CLINIC :                DENTAL/CLINIC :
ADDRESS (IF DIFFERENT FROM SUBSCRIBER):
  ADDR LINE 1 :
  ADDR LINE 2 :
  ADDR LINE 3 :
  CITY :                      STATE :        ZIP :
NEW DEPEND SSA :                COUNTRY CD :
VERIFY: ST:                     SRC:          ST DT:
NEXT FUNCTION: A 43  TYPE:      SUBSCR SSA: 000 00 0000  DEPEND SSA:
                                AGENCY:        SUB:        PAY ACTION:
REQ CANCELLED  ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

The A.43 screen is used to enroll a subscriber's dependents in the insurance system. The information on this screen is unique to the individual dependent. Any changes that would affect a dependent's coverage will need to be done on the dependent's A.43 screen.

This screen always displays the dependent's most current enrollment data. You can view previous enrollment data on the A.53 – Spouse and Dependent History screen by choosing F9 from this screen.

If you add dependents who are students (age 20 through 23), extended dependents, or a dependent with disabilities (age 20 or older), your entry will pend for PEBB approval.

Subscr Soc Sec – Displays the subscriber's social security number

Subscr Name – Displays the subscriber's name

Depend Soc Sec – Displays the dependent's social security number entered on the command line

Depend Name – View or enter the dependent's last name, comma, space, first name, space, and middle initial (i.e. Doe, John A). This field must include a comma and a space following the last name. If the dependent has only one name (i.e. Madonna), add a comma after the name (i.e. Madonna,).

Gender – Enter the gender of the dependent

Relationship – Enter the relationship of the dependent to the subscriber. Valid codes are:

- | | |
|--|--|
| S Spouse or Domestic Partner* | F Extended Dependent** |
| C Son | P Ex-Dependent Parent |
| D Daughter | 2 Spouse of surviving spouse or retiree |
| X Ex-Spouse*** (defaults when divorce date is entered on the A.41 screen) | |

*There must be a marriage date on the A.41 screen to add a spouse or domestic partner

**An extended dependent is any dependent child who is other than a biological child,

stepchild, or legally adopted child (i.e. grandchild).

*****If a subscriber remarries an ex-spouse, the relationship X (ex-spouse) must be changed to S (spouse) when re-enrolling the spouse on the A.43 screen.**

Medicare A (for HCA and DRS use only) – Enter the code which indicates whether the dependent is enrolled in Medicare Part A. Valid codes are: **Y**=Yes and **N**=No. *Note: The system automatically updates this field to “Y” effective the first month in which the subscriber/retiree’s spouse turns age 65.*

Birthdate – Enter the dependent’s date of birth. *Note: When correcting a dependent’s birth date, you must re-key the entire date (month, day, and year).*

Medicare B (for HCA and DRS use only) – Enter the code which indicates whether the dependent is enrolled in Medicare Part B. Valid codes are: **Y**=Yes and **N**=No. *Note: When changing the Medicare indicator, you must also enter the effective date in the Health Eff Date field.*

Qual Reason – Enter the qualifying reason code, if applicable. Valid codes include:

- M** Married
- P** Partner
- S** Student (dependents age 20 through 23 only)
- D** Extended dependents
- A** Dependent with disabilities (age 20 or older only)

If the dependent is a spouse, partner, or second spouse enter an “M” or a “P”. If an “M” is entered, dependent’s gender cannot be the same as the subscriber. If a “P” is entered and the dependent’s gender is not the same as the subscriber, either the subscriber or dependent must be 62 or older.

If an S, D or A is entered as the qualifying reason, the enrollment will pend for PEBB’s approval in the Pending ENR field. Send the Student Certification/Change form, Extended Dependent Certification form, or the Certification of Dependent with Disabilities form to PEBB for processing.

Certification Ind (for HCA use only) – This field is used by PEBB when approving a dependent student, extended dependent, or a dependent with disabilities. Valid codes are: **T** Temporary **P** Permanent

Note: Students and extended dependents can only have temporary certification.

Cert Eff Date (For HCA use only) – This field is used by PEBB when approving a student, extended dependent, or a dependent with disabilities. The effective date of the approval or recertification will be entered.

Cert End Date (For HCA use only) – This field is used by PEBB when approving a student, extended dependent, or a dependent with disabilities. The last day of the month the dependent is certified will be entered if the Certification Indicator is a “T” (temporary). This field will be left blank if the Certification Indicator is “P” (permanent).

The system generates a monthly report of dependents requiring recertification. This field

is updated when a dependent is recertified

Current – Health

Enr – Enter a “Y” to enroll the dependent.

Enter an “N” to term a dependent who is no longer eligible or for whom the subscriber has waived coverage.

Eff Date – Enter the dependents effective date of enrollment or change. (*See appendix for effective date information*) If the dependent’s effective date is before the 16th day of the current month, the transaction will update the Current Enrolled and Eff Date fields immediately. If the effective date is after the 15th day of the current month or in the future, it will display in the Pending Enrolled and Pending Eff Date fields until the next processing period is reached.

A full month’s premium (if applicable) will be charged for dependents eligible before the 16th day of the current month, otherwise the premium will begin the next month. *Note: Coverage must always be termed effective the last day of the month.*

Prem Date – Displays the date entered in the EFF Date field if the Enrolled Health field is “Y”.

Reason – Enter an enrollment or termination code when adding or removing a dependent.

Valid Enrollment Codes:

- | | |
|---|--------------------------------|
| 01 Newly eligible member | 07 Domestic partnership |
| 06 Reinstatement (HCA only) | 08 Marriage |
| 10 Return from Waive/Defer (HCA only except during annual open enrollment) | |

Valid Termination Codes:

- | | |
|---|---|
| 35 Death | 41 Loss of eligibility |
| 39 Voluntary termination of coverage | 43 Legal separation (not divorced) |
| 40 Waived | 47 End date reached (HCA only) |
| 48 Defer due to Medicare/Medicaid (HCA only) | |

Pending – Health

Enr – Displays the eligibility code “Y” if the effective date of the dependent is after the 15th day of the current month, if the effective date is a future date, or if the transaction has pended for PEBB’s approval of a student, extended dependent, or a dependent with disabilities.

Displays the eligibility code “N” if the date the dependent is being terminated is a future date, if the date the dependent is declining medical coverage is a future date, or if the dependent term date is in the current processing month.

Eff Date – The effective date displays if the effective date of the dependent is after the 15th day of the current month, if the effective date is in the future, or if the transaction is pended for PEBB’s approval of a student, extended dependent, or a dependent with disabilities certification.

Also may display the eligibility code “N” if the subscriber’s eligibility is pending termination on the A.41 screen, if the dependent’s medical or dental coverage is waived with a future effective date, or if the dependent term date is in the current processing month.

Current – Dental

Enr – Enter a “Y” to enroll the dependent.

Enter an “N” to term a dependent who is no longer eligible, or who is waiving dental coverage.

Eff Date – Enter the dependent’s effective date of enrollment or change. If the dependent’s effective date is before the 16th day of the current month, it will update immediately and will display in the Current Enrolled and Effective Date fields. If the effective date is after the 15th day of the current month, or the effective date is a future date, it will display in the Pending Enrolled and Pending EFF Date fields until the next processing period is reached. *(See appendix for eligibility effective date information)* Note: Coverage must always be termed effective the last day of the month.

Prem Date – Displays the date entered in the EFF Date field if the Enrolled Dental field is “Y”.

Reason – Enter an enrollment or termination code when adding or removing a dependent.

Valid Enrollment Codes:

- | | |
|---|--------------------------------|
| 01 Newly eligible member | 07 Domestic partnership |
| 06 Reinstatement (HCA only) | 08 Marriage |
| 10 Return from Waive/Defer (HCA only except during annual open enrollment) | |

Valid Termination Codes:

- | | |
|---|---|
| 35 Death | 41 Loss of eligibility |
| 39 Voluntary termination of coverage | 43 Legal separation (not divorced) |
| 40 Waived | 47 End date reached (HCA only) |
| 48 Defer due to Medicare/Medicaid (HCA only) | |

Pending – Dental

Enr – Displays the eligibility code “Y” if the effective date of the dependent is after the 15th day of the current month, if the effective date is a future date, or if the transaction is pended for PEBB’s approval of a student, extended dependent, or a dependent with disabilities.

An eligibility code of “N” will display if the term date of the dependent is a future date or, if the subscriber’s eligibility is pending termination on the A.41 screen.

Eff Date – The effective date displays if the effective date of the dependent is after the 15th day of the current month, if the date of enrollment or change is in the future, or if the transaction is pended for PEBB’s approval of a student, extended dependent, or a dependent with disabilities certification.

Remember: When terminating a dependent cancel ALL coverage. Change both the Health and Dental Enrolled fields to "N" and enter the termination date in both Eff Date fields. Coverage must always be terminated the last day of the month.

Phys/Clinic – The physician or clinic code from the subscriber’s enrollment form will display here, if one was entered. Enter this information for open enrollment and new subscribers only. You are not required to keep this field updated.

Dental/Clinic – The dental or clinic code from the subscriber’s enrollment form will display here, if one was entered. Enter this information for open enrollment and new subscribers only. You are not required to keep this field updated.

Address Line 1, 2, and 3, City, State, Zip CD – Enter only if dependent’s address is different from the subscriber. Refer to the A.01 screen information in this chapter for foreign address information.

New Depend SSA – Use this field to correct an existing dependent’s social security number. Enter the dependent’s correct social security number and choose the F10 key. All fields where the dependent’s SSN occurs will be updated.

Country CD – A country code is required if the state field is a Canadian Province or ZZ. American Territory codes are entered in the Country Code field. A country code is not required for US addresses. For a list a valid country codes:
www.iso.org/iso/country_codes/iso_3166_code_lists/english_country_names_and_code_elements.htm

Verify (All verify fields are for HCA use only)–

St – Status Code for verification of dependents. Valid codes include:

| | | | |
|-----------|---------------|-----------|-----------------------|
| F | First mailing | I | Incomplete |
| D | Denied | V | Verified |
| IL | Illegible | VT | Voluntary termination |

Src – Source Code indicates the type of document used for verification of dependents. Valid codes include:

| | |
|-----------|---|
| AD | Adoption decree or legal documentation |
| B | Birth certificate |
| D | Certificate of WA state registered domestic partnership |
| DD | Declaration of Domestic Partnership |
| DR | Declaration of Domestic Partnership and proof of common residency/financial interdependence |
| DF | Voluntary dependent drop form |
| IV | Invalid (document not from approved source) |
| M | Marriage Certificate |
| MR | Marriage certificate and proof of common residency/financial interdependence |
| P | Court Ordered Parenting Plan |
| R | Proof of residency or financial interdependence |
| T | Copy of 2008 Tax Return listing dependents |

St Dt – Status date will be automatically populated with the date the status was keyed by HCA.

Tips for the A.43 Screen

- Keying two different termination dates on the same day will cause problems with invoicing. Always key terminations one day apart.
- The effective date for terminating coverage is always the last day of the month.
- Qualify Reasons “M” and “P” must be entered for a spouse or domestic partner.
- Qualify Reason “S” for student should only be entered if the dependent is age 20 through 23.
- Qualify Reason “A” for dependents with disabilities should only be entered if the dependent is age 20 or older.
- Re-enrollment for previously waived coverage requires PEBB approval outside of annual open enrollment. Do not attempt to re-enroll coverage. Send copies of the forms and proof of loss of other coverage to PEBB for processing.
- Agencies can override an existing reason code when a dependent re-enrolls or waives coverage.
- The reason code does not terminate coverage; you must still enter an “N” on the A.43 screen to end coverage for a dependent.
- Reason codes are required when changing the enrollment from an “N” to a “Y” or from a “Y” to an “N”.
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code the previous reason code will repopulate the reason code field.
- If you enter the wrong reason code, submit an incident through FUZE www.fuzeqna.com/perspay/consumer/question.asp.

A.44 – Health and Dental Coverage

```

STD019          ***** A.44 - HEALTH AND DENTAL COVERAGE *****          MAPA441

SOCIAL SECURITY NUMBER:          NAME          :
ELIGIBILITY TYPE          :          EMPLOYER CONTRIBUTION :
===== HEALTH INSURANCE =====
SUBSCRIBER ENROLLED:          HEALTH CHANGE DATE :
HEALTH ENR REASON :
HEALTH CARRIER :          PHYSICIAN CLINIC ID :
HEALTH MEDICARE A :          HEALTH MEDICARE B :
HEALTH EFF DATE :          HEALTH END DATE :
PREMIUM EFF DATE :          PREMIUM - EMPLOYEE :
NEW HEALTH CARRIER :          NEW CARRIER EFF DATE:
PENDING ENROLLMENT :          PENDING EFF DATE :
===== DENTAL INSURANCE =====
SUBSCRIBER ENROLLED:          DENTAL CHANGE DATE :
DENTAL ENR REASON :
DENTAL CARRIER :          DENTAL CLINIC ID :
DENTAL EFF DATE :          DENTAL END DATE :
PREMIUM EFF DATE :          PREMIUM - EMPLOYEE :
NEW DENTAL CARRIER :          NEW CARRIER EFF DATE:
PENDING ENROLLMENT :          PENDING EFF DATE :
NEXT FUNCTION: A 45 TYPE: I SSA: 000 00 0000 AGY:          SUB:          PAY ACTION:
REQ CANCELLED          ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
    
```

The A.44 screen is used to establish and update the subscriber’s health and dental coverage. The Health and Dental Eff Dates are defaulted to the eligibility effective date that was entered on the A.41 screen. The system will automatically enroll new subscribers in the default carrier codes Z and 9 (no plan selected) when eligibility is established on the A.41 screen. To update the subscriber’s selected plan or to make a change to the subscriber’s coverage, you will need to enter the effective date in the Change Date fields and enter the carrier code. *Caution: If a subscriber has been enrolled in the insurance system previously, the A.41 screen will automatically enroll the subscriber in the same carrier that was on the A.44 screen from the previous enrollment. You must remember to check the carrier on the A.44 screen and change the carrier code if the subscriber is not re-enrolling in the same medical and dental plans.*

Subscribers may waive medical coverage for themselves, if they have other medical coverage. Subscribers waiving medical coverage must still be enrolled in Dental, Basic Life, and Basic LTD coverage. A subscriber must enroll in medical coverage to enroll their dependents in medical coverage.

This screen always displays the subscriber’s current coverage. You may review previous coverage by selecting F9 from this screen to access the A.51 – Subscriber History screen.

Social Security Number – Displays the subscriber’s social security number.

Name – Displays the subscriber’s name.

Eligibility Type – Displays the eligibility code entered on the A.41 screen.

Employer Contribution – Displays the state employer share contribution for active subscribers.

Health Insurance –

Subscriber Enrolled – Displays the eligibility code (Y or N) entered on the A.41 screen. In addition, if the subscriber opts to waive medical coverage a D may be entered or displayed in the field. *Note: When making a change to the medical carrier, do*

not re-key the Y in this field.

Health Change Date – Enter the effective date of the health plan enrollment or health plan change. (See appendix for eligibility effective date information.)

Health Enr Reason – Enter a valid enrollment or termination code.

Enrollment codes:

- | | |
|------------------------------------|--|
| 06 Reinstatement (HCA only) | 10 Return from waive/defer (HCA only; except during annual open enrollment) |
|------------------------------------|--|

Termination Codes:

- | | |
|---|---|
| 39 Voluntary termination of coverage | 44 Defer retiree coverage (HCA only) |
| 40 Waived | 48 Defer due to Medicare/Medicaid (HCA only) |
| 41 Loss of eligibility | |

Health Carrier – Enter the code for the health carrier. This field is 4 characters, when the selected carrier code has fewer than four characters, tab to move to the next field.

Valid codes for **all members** are:

- | | |
|---------------------------------------|-------------------------------|
| AE Aetna Public Employees Plan | D Kaiser Classic |
| C Group Health Classic | DV Kaiser Value |
| CV Group Health Value | U Uniform Medical Plan |
| Z Default (no plan selected)* | |

**If the health carrier is left as "Z" (no plan selected), after 90 days the system will automatically change the carrier to "U" (Uniform Medical Plan).*

Note: If a "W" is displayed next to the medical carrier name – this indicates an on-line open enrollment change through PEBB's website.

Valid Codes for **Medicare Eligible Retirees and/or Spouses** are: (for HCA use only)

- | |
|--|
| Y Blue Cross Medicare Supplement Plan E |
| X Blue Cross Medicare Supplement Plan J with Prescriptions |
| XWO Blue Cross Medicare Supplement Plan J without Prescriptions |
| PC Secure Horizons Classic (all members must be on Medicare) |
| PV Secure Horizons Value (all members must be on Medicare) |

Note: The system automatically enrolls the subscriber in carrier U (Uniform Medical) when eligibility codes V or W (UMP Conversion) are entered on the A.41 screen. Eligibility types V and W cannot change health carriers.

Physician Clinic ID – The physician or clinic code from the subscriber's enrollment form will display here, if one was entered. Enter this information for open enrollment and new subscribers only. You are not required to keep this field updated.

Health Medicare A (for HCA and DRS use only) – Enter the code which indicates whether the subscriber is enrolled in Medicare Part A. Valid codes are: **Y**=Yes and **N**=No. *Note: When changing the Medicare indicator, you must also enter the effective date in the Health Change Date field. The system automatically updates this field to "Y" effective the first of the month in which the subscriber/retiree turns age 65.*

Health Medicare B (for HCA and DRS use only) – Enter the code which indicates whether the subscriber is enrolled in Medicare Part B. Valid codes are: **Y**=Yes and **N**=No. *Note: When changing the Medicare indicator, you must also enter the effective date in the Health Change Date field.*

Health Eff Date – Displays the date that was entered in the Health Change Date field if the Subscriber Enrolled field is “Y”.

Health End Date – Displays the date entered in the Elig Eff Date field when the Elig Code field on the A.41 screen is changed to “N” (not eligible).

For subscribers waiving medical coverage, this field displays the date entered in the Health Change Date field when the Subscriber Enrolled field is changed to “D” (waived).

For retirees and other self-paying subscribers, this field displays the date entered in the Health Change Date field on the A.44 screen when the Current Enrolled field is changed to “N” (not enrolled).

Premium Eff Date – This field displays the date that was entered in the Health Change Date field.

Premium – Employee – The subscriber’s premium is calculated by the system and displays in this field.

New Health Carrier – This field displays the future carrier code entered in the Health Carrier field. The carrier code will move to the current Health Carrier field when the future effective date is equal to the current process month.

New Carrier Eff Date – This field displays the future carrier effective date entered in the Health Change Date field. The future effective date will move to the Health Eff Date field when the future effective date is equal to the current process month.

Pending Enrollment – This field displays the eligibility code for any future enrollment dates.

- The value may be a “Y” (enrolled) or “N” (not enrolled) if the date entered in the A.41 Elig Eff Date field is a future date.
- The value may be a “D” (waived) or a “Y” (enrolled) if the date the subscriber is waiving coverage or re-enrolling in coverage has a future effective date.

Pending Eff Date – This field displays the effective date for any future enrollment.

Dental Insurance –

Subscriber Enrolled – This field will display the eligibility code “Y” or “N” entered on the A.41 screen. Subscribers who waive medical coverage must still be enrolled in dental coverage. This field can be updated for Self/Pay, COBRA, and Retirees. *Note: When changing dental plans, do not re-key the Y in this field.*

Dental Change Date – Enter the effective date of the dental plan enrollment form.
(See appendix for eligibility effective date information.)

Dental Enr Reason – Enter a valid enrollment or termination code.

Enrollment codes:

- | | |
|------------------------------------|---|
| 06 Reinstatement (HCA only) | 10 Return from waive/defer (HCA only except during annual open enrollment) |
|------------------------------------|---|

Termination Codes:

- | | |
|---|---|
| 39 Voluntary termination of coverage | 44 Defer retiree coverage |
| 40 Waived | 48 Defer due to Medicare/Medicaid (HCA only) |
| 41 Loss of eligibility | |

Dental Carrier – Enter the code for the dental carrier. This field is 4 characters, when the selected carrier code has fewer than four characters, tab to move to the next field.

Valid codes are:

- | | |
|------------------------------------|--------------------------------------|
| 1 Uniform Dental Plan (WDS) | 4 DeltaCare Dental |
| 3 Willamette Dental | 9 Default (no plan selected)* |

**When the dental carrier is left as “9” (no carrier selected), after 90 days the system will automatically change the carrier to “1” (Uniform Dental).*

Note: If a “W” is displayed next to the dental carrier name, this indicates an on-line open enrollment change through PEBB’s website.

Dental Clinic ID – The dental or clinic code from the subscriber’s enrollment form will display here, if one was entered. Enter this information for open enrollment and new subscribers only. You are not required to keep this field updated.

Dental Eff Date – Displays the date that was entered in the Dental Change Date field if the Subscriber Enrolled field is “Y” (eligible).

Dental End Date – Displays the date entered in the Elig Eff Date field when the Elig Code field on the A.41 screen is changed to “N” (not enrolled).

For retirees and self-pay subscribers, this field displays the date entered in the Dental Change Date field on the A.44 screen when the Current Enrolled field is changed to “N” (not enrolled).

Premium Eff Date – Displays the last date entered into the Dental Change Date field.

Premium – Employee – The premium for self-pay subscribers will be calculated by the system and display in this field.

New Dental Carrier – This field displays the future carrier code entered in the Dental Carrier field. The future carrier code will move to the current Dental Carrier field when the future effective date is equal to the current process month.

New Carrier Eff Date – This field displays the future carrier effective date entered in the Dental Change Date field. The future effective date will move to the Dental Eff Date field when the future effective date is equal to the current process month.

Pending Enrollment – This field displays the eligibility code “Y” or “N” if the date entered in the A.41 Elig Eff Date field is a future date or if the dental term date is in the current processing month.

Pending Eff Date – Displays the eligibility effective date entered in the A.41 Elig Eff Date field, if the date is in the future. Eligibility changes may be keyed one month in the future.

Helpful Tips for the A.44 Screen

- If the subscriber’s home address on the A.01 screen is not within the service area for the carrier code entered, you will receive an error message: “WARNING...CARRIER INVALID FOR ZIP CODE SERVICE AREA”.
 - When this message is received, cancel the transaction by choosing F4 and check the carrier’s service area listed in the Employee Enrollment Guide. If you believe you received this warning in error, please contact PEBB Outreach and Training at 1-800-700-1555 or submit an email through FUZE:
www.fuzeqna.com/perspay/consumer/question.asp.
- Subscribers who waive medical must still enroll in dental, basic life, and basic LTD.
- Re-enrollment in medical coverage: Subscribers may re-enroll in medical coverage during annual open enrollment or during a special open enrollment.
- Agencies can override an existing reason code when a new employee is a re-hire.
- The reason code does not terminate coverage; you must still enter an eligibility of “D” on the A.44 screen to waive coverage for an employee.
- Reason codes are required when changing the enrollment from a “D” to a “Y” or from a “Y” to a “D”.
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code the previous reason code will repopulate the reason code field.
- If you enter the wrong reason code, submit an incident through FUZE
www.fuzeqna.com/perspay/consumer/question.asp.

A.45 – Life Coverage

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***** A.45 - LIFE COVERAGE *****                               MAPA451
SOCIAL SECURITY NUMBER :      NAME :
AGENCY:      SUB AGENCY:      LIFE ENROLLED :
ELIGIBILITY TYPE :      ENR EFF/END DATE:
=====PART===== CURRENT===== DESIRED===== ==PEND/APPROVAL==
ENR COV  EFF DATE  ENR COV  EFF DATE  IND  DATE
A BASIC :
B BASIC SPOUSE :
B BASIC DEPENDENT:
B SUPPL SPOUSE :
C EMP OPTIONAL :      MX
D EMP SUPPLEMENT :
E OPT A D AND D :
E WITH DEPENDENT :
  RETIREE :

PREMIUM EMPLOYEE :      EMPLOYEE AGE :      SPOUSE AGE:
SMOKER INDICATOR :      SMOKER EFF DATE:      ACCEL LIFE:
PART C MAX REQ (Y/N):      MINIMUM :      MAXIMUM :
SALARY :
NEXT FUNCTION: A 45 TYPE: I SSA:      AGY:      SUB:      PAY ACTION:
REQ CANCELLED  ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

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This screen is used to enroll, update, and display a subscriber's life insurance coverage. It is activated when the Eligibility Code field on the A.41 screen is set to "Y" (eligible).

This screen allows:

- Individual effective dates for each part of coverage
- Entry of all requested coverage (including disability waiver of premium)
- Entry of coverage requiring approval (this will pend for carrier approval or denial)

Social Security Number – Displays the social security number of the subscriber.

Name – Displays the subscriber's name.

Agency/Sub Agency – Displays the subscriber's home agency and sub-agency (if applicable).

Life Enrolled – Displays the enrollment code "Y" (enrolled) or "N" (not enrolled). This information is pulled from the A.41 screen for eligibility types "Y" and "X", and from the Desired column on the A.45 screen for eligibility types "R" (retiree), S or E (self-pay).

Eligibility Type – Displays the eligibility code from the A.41 screen.

Enr Eff/End Date – Displays the date associated with the eligibility type. For eligibility types "Y" and "X", this information will pull from the A.41 screen. For eligibility types "R", "S", and "E" this information will pull from the Desired column on the A.45 screen.

A Basic – The Current column displays the subscriber's enrollment in Part A coverage. This field is automatically set to "Y" for all active subscribers with an eligibility type "Y" or "X". *Note: This field must be set to Y before subscriber can be enrolled in optional insurance.*

The Desired column is used to request a disability waiver or to continue coverage on a self-pay basis.

B Basic – Spouse – The Current column displays the spouse's enrollment. The Desired column is used to add, change, or cancel coverage.

B Basic – Dependent – The Current column displays the dependent children’s enrollment. The Desired column is used to add, change, or cancel coverage.

B Suppl – Spouse – The Current column displays the spouse’s enrollment. The Desired column is used to add, change, or cancel coverage.

C Emp Optional – The Current column displays the subscriber’s current enrollment. The Desired column is used to add, change, or cancel coverage.

Mx – This field is used to indicate whether the subscriber is requesting an automatic increase in Part C coverage with annual salary increases. Valid codes are: **Y**=Yes and **N**=No.

D Emp Supplement – The Current column displays the subscriber’s enrollment. The Desired column is used to add, change, or cancel coverage.

E Opt AD and D – The Current column displays the subscriber’s current enrollment. The Desired column is used to add, change, or cancel coverage.

E with Dependent – The Current column displays the dependents’ enrollment. The Desired column is used to add, change, or cancel coverage.

Retiree – The Current column displays the retiree’s enrollment in retiree life insurance. The Desired column is used to add, change, or cancel coverage.

Premium Employee – This field displays the premium amount paid by the subscriber. This is automatically calculated by the system.

Employee Age – Displays the subscriber’s age.

Spouse Age – Displays the spouse or domestic partner’s age.

Smoker Indicator – This field is used to indicate whether the subscriber receives the smoking or non-smoking rate. Enter a valid code based on the subscriber’s enrollment form. This field defaults to “Y” (smoker). Valid codes are: **Y**=Smoker and **N**=Non-Smoker. *Note: Non-smokers must complete the Non-Smoker Certification section of the Life Insurance Enrollment form or an Amendment to Original Application. If the employee is applying for spouse life, the spouse’s signature is required on the non-smoker certification.*

Smoker Eff Date – Enter the effective date of the smoker’s status. This date is the first day of the month following the signature date on the Non-Smoker section of the Life Insurance Enrollment form or the Amendment to Original Application. On a new enrollment, if nothing is entered in this field, it will default to the life effective date. The smoker effective date may not be a date prior to the most recent optional life insurance effective date.

Accel Life – When the subscriber receives an accelerated life insurance payment, enter a “Y” (yes) in this field. The default is “N” (no).

Part C Max Req (Y/N) – This field displays the request for automatic increases in coverage with salary increases. This field defaults to “N” (no).

Minimum/Maximum – These fields display the allowable minimum and maximum Part C coverage that the subscriber may choose. The system calculates this based on the subscriber’s annual salary.

Salary – This field displays the subscriber’s monthly salary.

Helpful Tips for the A.45 Screen

- Basic coverage enrollment date is the effective date entered on the A.41.
- Optional coverage should always be keyed with the effective date of the first of the month following the signature date on the enrollment form.
- If a retiree returns to work for your agency and wants to keep his/her retiree life insurance, enter a “Y” in the retiree life field and the effective date. Begin payroll deduction for retiree life. Enter “N” if he/she wants to drop retiree life insurance.
 - If the retiree chooses to drop retiree life insurance, the retiree should be cautioned that the coverage will be terminated and cannot be reinstated.
- Verify the employee and spouse or domestic partner signed the Nonsmoking Certification section of the form if the employee selected “No” to smoking. The spouse’s signature is only required if the employee is requesting life insurance for the spouse.
- The smoker effective date may be keyed up to one process month into the future.

A.46 – LTD Coverage

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***** A.46 - LTD COVERAGE *****                                MAPA461
SOC SEC NUMBER:                                NAME :
AGENCY      :                                LTD ENROLLED :
SUB AGENCY  :                                ENR EFF/END DATE:

== PART ==  ===== CURRENT =====  ===== DESIRED =====  == PEND/APPROVAL ==
           ENR COV  EFF DATE   ENR COV  EFF DATE   IND      DATE

BASIC      :
OPTIONAL   :

PREMIUM EMPLOYEE:                                ELIM. PERIOD PERCENT:
RETIREMENT SYSTEM:

NEXT FUNCTION: A 46 TYPE: I SSA:                AGY:      SUB:      PAY ACTION:
                ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
    
```

The A.46 screen is used to enroll, update, and display a subscriber’s long-term disability (LTD) coverage. The Enrolled indicator is pulled from the Eligibility Code field on the A.41.

This screen allows:

- Separate effective dates for basic and optional coverage
- Entry of all requested coverage
- Entry of coverage requiring approval (this will pend for carrier approval or denial)

Social Security Number – Displays the social security number of the subscriber.

Name – Displays the subscriber’s name.

Agency/Sub Agency – Display the subscriber’s home agency and sub-agency (if applicable).

LTD Enrolled – Displays the enrollment code “Y” (enrolled) or “N” (not enrolled). This information is pulled from the A.41 screen for eligibility types “Y” and “X”, and from the Desired column on this screen for eligibility types S or E (self-pay).

Enr Eff Date – This field displays the date associated with the eligibility type. For eligibility types “Y” and “X”, this information will pull from the A.41 screen. For eligibility types “S” and “E” this information will pull from the Desired column on this screen.

Basic – The Current column displays the subscriber’s current enrollment in Basic LTD coverage. This field is automatically set to “Y” for all active subscribers with an eligibility type of “Y” or “X”. The waiting period for basic is 90 days. *Note: There must be a “Y” in this field before optional LTD may be entered.* The Desired column is used to request a disability waiver of premium or to continue coverage on a self-pay basis when the subscriber is on approved educational leave.

Optional – The Current column displays the subscriber’s current enrollment in Optional coverage. The Desired column is used to add, change, or cancel coverage.

Valid waiting periods are: 30, 60, 90, 120, 180, 240, 300, or 360 days.

Premium Employee – State agencies will not see a premium displayed in this field. Self-Pay, Employer Groups, K-12, and ESDs will see the LTD premium calculated by the system based on the subscriber’s retirement system, optional elimination period, and salary.

Elim Period Percent – This field displays the percent used to calculate the optional LTD coverage.

Retirement System – If the subscriber’s retirement plan is TIAA/CREFF, enter a “1” in this field. For all other retirement plans, leave this field blank.

Helpful Tips for A.46 Screen

- If a newly eligible subscriber has been enrolled in the insurance system previously, optional coverage may display a “P” for pend in error. This is a known system error. If the employee’s request does not require carrier approval, complete the following steps: To correct the error, once you enroll the employee and update the record, go back into the record in update mode and replace the “P” with an “A” in the IND column under the Pend/Approve section. Failure to make the correction will result in the employee not being enrolled in coverage.
- Optional coverage, not requiring carrier approval, will always have an effective date of the first of the month following the signature date on the enrollment form. Once you have keyed the coverage, review the A.46 screen to verify enrollment in coverage.
- Employees declining Optional LTD must sign and date section 2 of the enrollment form. Employees requesting Optional coverage must complete section 3 of the enrollment form.
- Verify the employee selected a benefit waiting period and signed and dated section 3 of the form.

A.51 – Subscriber History

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***** A.51 - SUBSCRIBER HISTORY *****
SUBSCRIBER SSN : ***** MAPA511
AGENCY/SUB-AGENCY : NAME :
COVERAGE PERIOD FROM: AGENCY EFF DATE :
THRU: DATE CREATED :
ELIGIBILITY TYPE : CREATED BY :
PAY METHOD : APPT STATUS :
MARITAL STATUS : MONTHLY SALARY :
COBRA QUAL REASON : MARRIAGE DATE :
OLD SSN : DIVORCE DATE :
COUNTY : ORIG SSN :
ADDRESS LINE 1 : ORIG AGENCY/SUB :
ADDRESS LINE 2 : ADDRESS EFF DATE :
ADDRESS LINE 3 :
CITY : STATE: ZIP:
ENR CARR EFF-DATE END-DATE MCARE-A MCARE-B CLINIC-ID
HEALTH :
DENTAL :
COALTN MBR :
COALTN EFF DATE:
NEXT FUNCTION: A 51 TYPE: I SSN: COV-MO:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN,PF9-A.55

```

The A.51 screen is used to review a subscriber’s historical eligibility and enrollment information. The information on this screen is a result of additions and changes made to the A.01, A.41, and A.44 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that the subscriber’s historical information applies to. It is possible for a subscriber to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on subscriber eligibility history records.
- Access to the A.55 Life and LTD Coverage History screen.
- Paging through coverage periods in chronological order.
- Access to the A.51 screen from the A.41 or A.44 screens by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

Helpful Tips for the A.51 Screen

- **Selecting History Records** –When a coverage month is entered in the Cov-Mo field, the system will access the subscriber history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will return the message “Requested Record Not Found”.
- **Navigation** – Select F9 to navigate to the A.55 – Life and LTD History.
- **Navigation To and From the Originating Screen** – The A.51 screen can be accessed from the A.41 or A.44 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Page Up/Page Down** – Use the F7 and F8 keys to page through the records in order.

A.53 – Spouse and Dependent History

```

***** A.53 - SPOUSE AND DEPENDENT HISTORY *****      MAPA531
SUBSCRIBER SSN   :                               NAME       :
=====
DEPENDENT SSN    :                               DEPENDENT NAME :
COVERAGE PERIOD FROM: DATE CREATED :
                    THRU:           CREATED BY :
GENDER          :                               RELATIONSHIP :
BIRTHDATE      :                               QUALIFY REASON :
MARRIAGE DATE  :                               DIVORCE DATE  :

CERTIFICATION IND : CERT EFF DATE:           CERT END DATE:
ADDRESS LINE 1  :
ADDRESS LINE 2  :
ADDRESS LINE 3  :
CITY            :                               STATE:       ZIP:
                    ENR CARR EFF-DATE   END-DATE   MCARE-A MCARE-B CLINIC-ID
HEALTH         :
DENTAL        :

NEXT FUNCTION: A 53 TYPE: I SSA:           COV-MO:
DEPENDENT SSA:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN

```

The A.53 screen is used to review the eligibility and enrollment history of a subscriber's dependents. The information on this screen is a result of additions and changes made on the A.41, A.43, and A.44 screens

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that the dependent's historical eligibility information applies to. It is possible for a dependent to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on spouse or dependent eligibility history records.
- Paging through coverage periods in chronological order.
- Access to the A.53 screen from the A.43 screen by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

Helpful Tips for the A.53 Screen

- **Selecting History Records** – When a coverage month is entered in the Cov-Mo field, the system will access the subscriber history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will return the message “Requested Record Not Found”.
- **Navigation To and From the Originating Screen** – The A.53 screen may be accessed from the A.43 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Page Up/Page Down** – Use the F7 and F8 keys to page through the records in order.

A.55 – Life and LTD History

```

***** A.55 - LIFE AND LTD COVERAGE HISTORY ***** MAPA551
SUBSCRIBER SSN      :                NAME                :
COVERAGE PERIOD FROM:                DATE CREATED       :
                    THRU:                CREATED BY       :
===== LIFE INSURANCE =====
ENROLL COVERAGE EFF DATE
PART A              :
PART B BASIC (SPOUSE) :
PART B BASIC (DEPENDENT):
PART B SUPPLEMENTAL :
PART C              :
PART C MAX INDICATOR :                MIN:                MAX:
PART D              :
PART E              :
PART E DEPENDENTS   :
RETIREE            :
MONTHLY SALARY      :                SMOKER IND:        PREMIUM EMPLOYEE:
===== LTD INSURANCE =====
BASIC              :
OPTIONAL           :
RETIREMENT SYSTEM  :                PREMIUM EMPLOYEE:
NEXT FUNCTION: A 55 TYPE: I SSA:                COV-MO:
                    ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN

```

The A.55 screen is used to review historical enrollment status and coverage levels for basic and optional Life and LTD insurance. The information on this screen is a result of additions and changes made to the A.45 and A.46 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that the subscriber’s historical Life and LTD enrollment information applies to. It is possible for a subscriber to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on subscriber’s Life and LTD information.
- Paging through coverage periods in chronological order.
- Access to the A.55 screen from the A.45 or A.46 screens by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

Helpful Tips for the A.55 Screen

- **Selecting History Records** – When a coverage month is entered in the Cov-Mo field, the system will access the subscriber history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will return the message “Requested Record Not Found”.
- **Navigation To and From the Originating Screen** – The A.51 screen can be accessed from the A.45 or A.46 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Page Up/Page Down** – Use the F7 and F8 keys to page through the records in order.