

Chapter 5



Separation

Chapter 5

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Termination

When an employee is terminating employment, the employee should be advised of the following:

- The employee's medical, dental, and life insurance benefits will end on the last day of the month in which the employee is in pay status. Basic LTD will end at midnight on the date the employee terminates. Optional LTD ends the last day of the month in which the employee terminates or the last day in which a required premium payment was made.
- When the employee is terminated in the insurance system, PEBB will send a Continuation of Coverage Election Notice. If enrolling, the subscriber must submit the COBRA enrollment form no later than **60 days** after the postmark date on the election notice packet.
- The employee may select a different medical and dental plan when they enroll in one of the continuation of coverage options.
- The employee may continue any combination of medical and dental on a self-pay basis for up to 18 months.
- If the employee or a covered dependent dies within 31 days of the employee's termination date, life insurance benefits will be paid.
- If the spouse or domestic partner of the terminating employee is also enrolled in state benefits, the employee may transfer any in-force Part C and Part D life insurance to the spouse or domestic partner's Part B life insurance. The amount may not exceed one-half of the spouse's total of Part C and Part D coverage. In addition, any Part B coverage the terminating employee has in force may be transferred to the spouse or domestic partner's Part C or Part D, up to the allowable maximum. The transfer must be completed no later than 31 days after the termination date.

The insurance system updates:

- In the insurance system, change eligibility, enter the effective date, and the termination reason code. The effective date is the last day of the month in which the employee had 8 hours of pay status.

Reminders:

- Employees who terminate owe a full month's premium for their benefits. Make certain you deduct the correct premium amount from the employee's last paycheck.

Layoff

When an employee is laid off due to the employer's lack of funds or an organizational change, the employee should be advised of the following:

- The employee’s medical, dental, and life insurance benefits will end on the last day of the month in which the employee is in pay status. Basic LTD will end at midnight on the date the employee terminates. Optional LTD ends the last day of the month in which the employee terminates or the last day in which a required premium payment was made.
- PEBB will send a Continuation of Coverage Election Notice to the employee. If enrolling, the employee must enroll in Leave without Pay coverage no later than **60 days** after the postmark date on the election notice packet.
- The employee may select a different medical and dental plan when they enroll in Leave without Pay coverage.
- Employees may continue any combination of medical, dental, and life insurance that was in place on the day before the layoff on a self-pay basis for up to 29 months.
- If the employee returns to an intermittent position, the employee is not required to reestablish eligibility. The employee will retain eligibility for the employer contribution for each month that the employee is in pay status at least 8 hours as long as the employee did not terminate state service. (Layoff is not considered termination).

Employee

Including: Termination of Employment, Death of Employee, Leave Without Pay, Layoff due to a lack of funds or an organizational change, Retirement, Loss of Eligibility, and Group left PEBB Coverage

1. Log into the PAY1 system.
2. Access the employee’s record.
3. On the command line, enter A.41 in the Next Function screen; enter “U” in the Type field. Choose Enter. The A.41 screen displays.

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***** A.41 - SUBSCRIBER DATA *****                               MAPA411
SOC SEC NBR      : 999 99 9991      NAME                : DOE, JANE ANNE
HOME AGENCY     : 095              HOME SUB AGENCY    :
TRANSFER REASON :                  TRANSFER EFF DT      :
HOME PHONE      : 360 555 1234     BUSINESS/MSG PH   : 360 5555 8585
MAIL STOP       : 11111            COUNTY              : 34 THURSTON

ELIGIBILITY CODE : N INELIGIBLE    ELIG      EFF DATE:
ELIGIBILITY REASON : 34 LAYOFF
QUALIFY REASON   :
PENDING ELIG CODE :                COBRA/SELF END DT:
ORIG SOC SEC NUM :                  PENDING EFF DATE:
APPT STATUS      :                  SUBSIDY  END DATE:
PAY METHOD        :                  ORIG AGENCY      :
MARITAL STATUS   : M              (S = SINGLE;  M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 02 04 1991    DECEASED   DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE:    RETIRED    DATE:
NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 9991 AGY: 095 SUB:      PAY ACTION:
INQUIRY ONLY    ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

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4. Tab to the Eligibility Code field. Enter "N".
5. Enter the Effective Date. The effective date should be the last day of the month in which the employee has had at least eight hours of pay status.
6. Enter the termination code in the Eligibility Reason field. Valid codes include:

31 Termination – employment ending	35 Death
32 Termination – due to gross misconduct	36 Retirement
33 Approved LWOP	38 Applying for disability retirement
34 Layoff	41 Loss of eligibility
7. Change the command line to A.41 in the Next Function field, "I" in the Type field. Choose F10 to update. A message displays *"Was this employee involuntarily terminated?"*
8. Tab to the Qualify Reason field. If the employee was involuntarily terminated, enter a "Y" (Yes). If the employee voluntarily terminated, enter an "N" (No). For guidance on eligibility for the COBRA subsidy see the "Qualify Reasons" Guide on the Pers/Pay website: www.perspay.hca.wa.gov.
9. Change the command line to Next Function A.41 and Type to "I". Choose F10 to update. Verify the changes are accepted.

Note: Employees who terminate, decease, or retire owe a full month's premium for their medical, life, and long-term disability. Please remember to deduct the full premium from their last paycheck.

Current changes and changes retroactive to the Lower Limit Date will be updated immediately. Future date changes will move to the Pending fields until the future effective date equals the current process period.

Changes made with an effective date prior to the Lower Limit Date require PEBB approval and must be submitted in writing for review. Do not proceed with changes using an incorrect effective date. Change the command line to Next Function A.41 and Type to "I". Choose F4 to cancel.

Legal Separation

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.43 in the Next Function and "U" in the type fields. Choose Enter. If there is more than one dependent the A.42 screen will display, if there is only one dependent the A.43 screen will display.

```

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
  
```

4. If the A.42 screen displays, enter a "U" next to the dependent waiving coverage. Choose Enter. The A.43 screen will display for that dependent.

```

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

SUBSCR SOC SEC : 999 99 9991          SUBSCR NAME : DOE, JANE ANNE
----- DEPENDENT DATA -----
DEPEND SOC SEC: 888 88 8881          DEPEND NAME : DOE, JOHN B
GENDER : M                          RELATIONSHIP : S (SPOUSE)
MEDICARE - A : N                    BIRTHDATE : 04 15 1962
MEDICARE - B : N                    QUAL REASON : M (MARRIED)
CERTIFICATION IND: CERT EFF DATE:   CERT END DATE:

----- CURRENT ----- PENDING ---
ENR EFF DATE PREM DATE REASON ENR EFF DATE
HEALTH: N 04 30 2009 04 30 2009 43 LEGAL SEPARATION
DENTAL: N 04 30 2009 04 30 2009 43 LEGAL SEPARATION
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 44 TYPE: I SUBSCR SSA: 999 99 9991 DEPEND SSA: 888 88 8881
AGENCY: 095 SUB: PAY ACTION:
REQ CANCELLED ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
  
```

5. If the employee chooses to remove the spouse from medical coverage, tab to the Current Enr, Health field. Enter an "N".
6. Enter the effective date of the termination of coverage in the Eff Date field. The date is the last day of the month in which the employee was legally separated.
7. Enter reason code **43** Legal Separation in the Reason field.
8. If the employee chooses to remove the spouse from dental coverage, enter an "N" in the dental Enr field.

9. Enter the effective date for termination of coverage in the Eff Date field. This date is the last day of the month in which the separation was legal.
10. Enter reason code **43** Legal Separation in the Reason field.
11. Change the command line to A.43 in the Next Function and "I" in the Type fields. Choose F10. Verify the changes are accepted.

Current changes and changes made retroactive to the Lower Limit Date will be updated immediately. Future date changes will move to the pending fields until the future effective date equals the current process period.

Changes made with an effective date prior to the Lower Limit Date require PEBB approval and must be submitted in writing for review. Do not proceed with changes using an incorrect effective date. Change the command line to Next Function A.43 and Type to "I". Choose F4 to cancel.

12. If the subscriber is removing the legally separated spouse from life insurance, change the command line to Next Function A.45 and Type to "U". Choose Enter. The A.45 screen is opens in update mode.

```

***** A.45 - LIFE COVERAGE ***** MAPA451
SOCIAL SECURITY NUMBER : 999 99 9991 NAME : DOE, JANE ANNE
AGENCY: 095 SUB AGENCY: LIFE ENROLLED : Y
ELIGIBILITY TYPE : Y ENR EFF/END DATE: 04 01 2009
=====PART===== CURRENT===== DESIRED===== PENDING/APPROVAL=====
ENR COV EFF DATE ENR COV EFF DATE IND DATE
A BASIC : Y 04 01 2009
B BASIC SPOUSE : N 04 30 2009
B BASIC DEPENDENT: N
B SUPPL SPOUSE : N 15 04 30 2009
C EMP OPTIONAL : Y 31 04 01 2009 MX
D EMP SUPPLEMENT : Y 20 04 01 2009
E OPT A D AND D : N 100 04 01 2009
E WITH DEPENDENT : N 04 01 2009
RETIREE : N

PREMIUM EMPLOYEE : 4.72 EMPLOYEE AGE : 44 SPOUSE AGE: 46
SMOKER INDICATOR : N SMOKER EFF DATE: 05 01 2009 ACCEL LIFE: N
PART C MAX REQ (Y/N): Y MINIMUM : 16 MAXIMUM : 31
SALARY : 2512.00
NEXT FUNCTION: A 46 TYPE: I SSA: 999 99 9991 AGY: 095 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

13. Tab to Part B Basic Spouse. Enter an "N" in the Current Enr field.
14. Enter the effective date in the Eff Date field. The effective date is the last day of the month in which the employee was legally separated.
15. Repeat for Part B Supplemental Spouse and Part E with Dependent, if applicable.
16. Change the command line to Next Function A.45 and the Type to "I". Choose F10 to update. Verify the change is accepted.

Current changes and changes retroactive to the Lower Limit Date will be updated immediately. Future date changes will move to the Pending fields until the future effective date equals the current process period.

Changes made with an effective date prior to the lower limit date require PEBB approval and must be submitted, in writing, for review. Do not proceed with

changes using an incorrect effective date. Change the command line to Next Function A.45 and Type to "I". Choose F4 to cancel.

Ineligible Dependent

Note: Submit terminations for dependents with disabilities, extended dependents, and students to PEBB for processing.

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, change the Next Function field to A.42, and the Type to "I". Choose Enter. If there is more than one dependent the A.42 screen will display, if there is only one dependent the A.43 screen will display.

```

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, JOESPH 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
  
```

4. If the A.42 screen displays, enter a "U" next to the dependent waiving coverage. Choose Enter. The A.43 screen will display for that dependent.

```

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

SUBSCR SOC SEC : 999 99 9991          SUBSCR NAME : DOE, JANE ANNE
----- DEPENDENT DATA -----
DEPEND SOC SEC: 888 88 8884          DEPEND NAME : DOE, SALLE MAE
GENDER          : F                  RELATIONSHIP : D (DAUGHTER)
MEDICARE - A    : N                  BIRTHDATE   : 04 15 1962
MEDICARE - B    : N                  QUAL REASON  :
CERTIFICATION IND: CERT EFF DATE:    CERT END DATE:
----- CURRENT ----- PENDING ---
ENR  EFF DATE  PREM DATE  REASON          ENR  EFF DATE
HEALTH: N  04 30 2009  04 30 2009  41 LOSS OF ELIGIBILITY
DENTAL: N  04 30 2009  04 30 2009  41 LOSS OF ELIGIBILITY
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 44 TYPE: I SUBSCR SSA: 999 99 9991 DEPEND SSA: 888 88 8881
          AGENCY: 095 SUB:              PAY ACTION:
REQ CANCELLED ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
  
```

5. Tab to the Current Enrolled, Health field. Enter an "N".
6. Enter the date the coverage is to be terminated in the EFF Date field. This date is the

last day of the month the dependent is eligible for coverage.

7. Enter reason code **41** Loss of Eligibility in the Reason field.
8. Enter an “N” in the Dental field.
9. Enter the date the coverage is to be terminated in the EFF Date field. This date is the last day of the month the dependent is eligible for coverage.
10. Enter reason code **41** Loss of Eligibility in the Reason field.
11. Change the command line to A.43 in the Next Function field and “I” in the Type field. Choose F10. Verify the changes are accepted.

Current changes and changes retroactive to the Lower Limit Date will be updated immediately. Future date changes will move to the Pending fields until the future effective date equals the current process period.

Changes made with an effective date prior to the Lower Limit Date require PEBB approval and must be submitted in writing for review. Do not proceed with changes using an incorrect effective date. Change the command line to Next Function A.41 and Type to “I”. Choose F4 to cancel.

Reinstate Employee after Termination

These instructions are for all reinstatements except when an employee is returning from LWOP. Refer to the Reinstate Employee after LWOP section of this manual for instructions.

1. Log into the PAY1 system.
2. Access the employee’s record.
3. Change the command line to Next Function A.41 and the Type to “U”. Choose Enter.

```
***** A.41 - SUBSCRIBER DATA ***** MAPA411
SOC SEC NBR      : 999 99 9991      NAME          : DOE, JANE ANNE
HOME AGENCY     : 095              HOME SUB AGENCY :
TRANSFER REASON :                   TRANSFER EFF DT :
HOME PHONE      : 360 555 1234      BUSINESS/MSG PH : 360 555 8585
MAIL STOP       : 11111            COUNTY         : 34 THURSTON

ELIGIBILITY CODE : Y ACTIVE        ELIG EFF DATE:
ELIGIBILITY REASON : 04 RETURN TO WORK FROM LAYOFF
QUALIFY REASON   :                  COBRA/SELF END DT:
PENDING ELIG CODE :                  PENDING EFF DATE:
ORIG SOC SEC NUM :                   ORIG AGENCY   :
APPT STATUS      :                   AGY EFF/END DATE: 08 01 2009
PAY METHOD        : D PAYROLL DEDUCT MONTHLY SALARY : 2517.00

MARITAL STATUS   : M                DECEASED DATE:
MARRIAGE DATE    : 02 14 1991      RETIRED DATE:
SPOUSE DIV/DEC DATE:                SPOUSE DIV/DEC REASON:

NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 9991 AGY: 095 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
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4. Tab to the Eligibility Code field, change the “N” to a “Y”.
5. Enter the effective date in the Elig Eff Date field. The effective date will be the first of the month following reinstatement.

6. Tab to the Eligibility Reason field. Enter a reason code. Valid reason codes include:
03 Retiree rehire **04** Return to work from Layoff
7. Change the command line to Next Function A.41 and the Type to "I". Choose F10. Verify changes were accepted.

Caution: When reinstating eligibility for a subscriber who has previously been enrolled in the insurance system, the carrier codes on the A.44 screen will default to the previous carriers when eligibility is reestablished on the A.41 screen. You must change the carrier codes and eligibility dates on the A.44 screen.

8. Change the command line to Next Function A.44 and the Type to "U". Choose Enter.

```

***** A.44 - HEALTH AND DENTAL COVERAGE *****                MAPA441
SOCIAL SECURITY NUMBER: 999 99 9991      NAME      : DOE, JANE ANNE
ELIGIBILITY TYPE      : Y                EMPLOYER CONTRIBUTION : 561.00
===== HEALTH INSURANCE =====
SUBSCRIBER ENROLLED: Y                HEALTH CHANGE DATE :
HEALTH ENR REASON :
HEALTH CARRIER    : U      UNIFORM ME  PHYSICIAN CLINIC ID :
HEALTH MEDICARE A  : N                HEALTH MEDICARE B   : N
HEALTH EFF DATE    : 04 01 2009        HEALTH END DATE     :
PREMIUM EFF DATE   : 04 01 2009        PREMIUM - EMPLOYEE  : 62.00
NEW HEALTH CARRIER :
PENDING ENROLLMENT :                    PENDING EFF DATE   :
===== DENTAL INSURANCE =====
SUBSCRIBER ENROLLED: Y                DENTAL CHANGE DATE :
DENTAL ENR REASON :
DENTAL CARRIER    : 3      WILLAMETTE  DENTAL CLINIC ID   :
DENTAL EFF DATE    : 04 01 2009        DENTAL END DATE    :
PREMIUM EFF DATE   : 04 01 2009        PREMIUM - EMPLOYEE  : 0.00
NEW DENTAL CARRIER :
PENDING ENROLLMENT :                    PENDING EFF DATE   :
NEXT FUNCTION: A 45 TYPE: I SSA: 999 99 9991 AGY: 095 SUB:      PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

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9. If the employee is enrolling in medical, go to the next step. If the employee is waiving medical, change the "Y" to a "D" in the Subscriber Enrolled field.
10. Tab to the Health Change Date field. Enter the effective date. The effective date is the first of the month following reinstatement.
11. If the employee is enrolling in medical, leave the Reason field blank. If the employee is waiving medical, enter reason code **40** Waived.
12. To re-enroll the employee in dental coverage, tab to the Dental Change Date field. Enter the effective date. The effective date is the first of the month following reinstatement.
13. If the employee has selected a different dental carrier, enter the code in the Dental Carrier field.
14. Change the command line to Next Function A.44, Type to "I". Choose F10. Verify the changes are accepted.
15. If the employee would like Life Insurance, on the command line change Next Function to A.45, Type to "U". Choose Enter.
16. Enter the desired Life Insurance.

17. Change the command line to Next Function A.45, Type to "I". Choose F10. Verify the changes are accepted.
18. If the employee would like LTD, on the command line change Next Function to A.46, Type to "U". Choose Enter.
19. Enter the desired LTD waiting period.
20. Change the command line to Next Function A.46, Type to "I". Choose F10. Verify the changes are accepted.

Current changes and changes retroactive to the Lower Limit Date will be updated immediately. The new carrier codes will show in the current carrier fields. Future date changes will move to the New Health Carrier and New Dental Carrier fields with the effective date in the New Effective Date field until the future effective date equals the current process period.

Changes made with an effective date prior to the Lower Limit Date require PEBB approval and must be submitted in writing for review. Do not proceed with changes using an incorrect effective date. Change the command line to Next Function A.44 and Type to "I". Choose F4 to cancel.

Reinstate Employee after LWOP

These instructions are for employees returning from LWOP.

1. Log into the PAY1 system.
2. Access the employee's record.
3. Change the command line to Next Function A.41 and the Type to "U". Choose Enter.

```

***** A.41 - SUBSCRIBER DATA *****
MAPA411
SOC SEC NER      : 999 99 9991      NAME           : DOE, JANE ANNE
HOME AGENCY     : 095              HOME SUB AGENCY :
TRANSFER REASON :                   TRANSFER EFF DT :
HOME PHONE      : 360 555 1234     BUSINESS/MSG PH : 360 555 8585
MAIL STOP       : 11111           COUNTY          : 34 THURSTON

ELIGIBILITY CODE : Y ACTIVE        ELIG EFF DATE:
ELIGIBILITY REASON : 05 RETURN TO WORK FROM LWOP
QUALIFY REASON   :                  COBRA/SELF END DT:
PENDING ELIG CODE :                  PENDING EFF DATE:
SUBSIDY END DATE:
ORIG SOC SEC NUM :                   ORIG AGENCY   :
APPT STATUS      :                   AGY EFF/END DATE: 04 01 2009
PAY METHOD        : D PAYROLL DEDUCT MONTHLY SALARY : 2512.00

MARITAL STATUS   : S (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 02 04 1991    DECEASED DATE:
RETIRED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE:    TERM REASON:

NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 9991 AGY: 095 SUB: PAY ACTION:
INQUIRY ONLY  ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

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4. Tab to the Eligibility Code field, change the "N" to a "Y".
5. Enter the effective date in the Elig Eff Date field. The effective date will be the first of the month the employee returns to work.
6. Tab to the Eligibility Reason field. Enter reason code **05** Return to work from LWOP.

- Change the command line to Next Function A.41 and the Type to "I". Choose F10. Verify changes were accepted.

Caution: When reinstating eligibility for a subscriber who has previously been enrolled in the insurance system, the carrier codes on the A.44 screen will default to the previous carrier when eligibility is reestablished on the A.41 screen. Go into the A.44 screen and make changes to the carrier codes and eligibility dates.

- Change the command line to Next Function A.44 and the Type to "U". Choose Enter.

```

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

SOCIAL SECURITY NUMBER: 999 99 9991      NAME      : DOE, JANE ANNE
ELIGIBILITY TYPE      : Y                EMPLOYER CONTRIBUTION : 561.00
===== HEALTH INSURANCE =====
SUBSCRIBER ENROLLED: Y                  HEALTH CHANGE DATE  :
HEALTH ENR REASON   :
HEALTH CARRIER    : U      UNIFORM ME  PHYSICIAN CLINIC ID :
HEALTH MEDICARE A   : N                HEALTH MEDICARE B   : N
HEALTH EFF DATE     : 04 01 2009       HEALTH END DATE     :
PREMIUM EFF DATE    : 04 01 2009       PREMIUM - EMPLOYEE  : 62.00
NEW HEALTH CARRIER :                   NEW CARRIER EFF DATE:
PENDING ENROLLMENT :                   PENDING EFF DATE   :
===== DENTAL INSURANCE =====
SUBSCRIBER ENROLLED: Y                  DENTAL CHANGE DATE  :
DENTAL ENR REASON   :
DENTAL CARRIER     : 3      WILLAMETTE  DENTAL CLINIC ID   :
DENTAL EFF DATE     : 04 01 2009       DENTAL END DATE    :
PREMIUM EFF DATE    : 04 01 2009       PREMIUM - EMPLOYEE  : 0.00
NEW DENTAL CARRIER :                   NEW CARRIER EFF DATE:
PENDING ENROLLMENT :                   PENDING EFF DATE   :
NEXT FUNCTION: A 45 TYPE: I SSA: 999 99 9991 AGY: 095 SUB:   PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

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- Tab to the Health Change Date field. Enter the effective date. The effective date is the first of the month the employee returns to work.
- If the employee has selected a different health care carrier, enter the code in the Health Carrier field.
- To re-enroll the employee in dental coverage, tab to the Dental Change Date field. Enter the effective date. The effective date is the first of the month the employee returns to work.
- If the employee has selected a different dental carrier, enter the code in the Dental Carrier field.
- Change the command line to Next Function A.44, Type to "I". Choose F10. Verify the changes are accepted.
- Change the command line to Next Function A.45, Type to "U". Choose Enter.
- If the employee self-paid life insurance, re-instate the life insurance on the A.45 screen. The effective date is the first of the month the employee returns to work.

If the employee did not self-pay the life insurance premiums, the employee must re-apply. The employee must submit an Evidence of Insurability form to ReliaStar for approval. Key the effective date 90 days into the future so the life insurance will pend for approval. Send a copy of the change form to ReliaStar and remind the employee an Evidence of Insurability form must be submitted to the carrier.


16. Change the command line to Next Function A.45, Type to "I". Choose F10. Verify the changes are accepted.
17. Change the command line to Next Function A.46, Type to "U". Choose Enter.
18. Reinstate the employee's LTD coverage.
19. Change the command line to Next Function A.46, Type to "U". Choose F10. Verify the changes are accepted.

Current changes and changes retroactive to the Lower Limit Date will be updated immediately. The new carrier codes will show in the current carrier fields. Future date changes will move to the New Health Carrier and New Dental Carrier fields with the effective date in the New Effective Date field until the future effective date equals the current process period.

Changes made with an effective date prior to the Lower Limit Date require PEBB approval and must be submitted in writing for review. Do not proceed with changes using an incorrect effective date. Change the command line to Next Function A.44 and Type to "I". Choose F4 to cancel.

Termination and Leave without Pay Insurance Checklist

Use this checklist when an employee terminates or is temporarily not in pay status to ensure that the employee has been given all appropriate insurance information. After reviewing the information with the employee, the interviewer and the employee should sign the form. The form should be placed in the employee's insurance file.

 Washington State Health Care Authority <i>Public Employees Benefits Board</i>	Termination and Leave Without Pay Insurance Checklist		
For voluntary resignations Advise the employee that:			
<input type="checkbox"/> Medical, dental, basic and optional life insurance, and optional long-term disability (LTD) insurance coverage ends on the last day of the last month in which (s)he is in pay status. Basic LTD coverage ends at midnight on the date (s)he terminates employment.			
<input type="checkbox"/> The Health Care Authority (HCA) will mail a <i>Continuation of Coverage Election Notice</i> booklet to his or her home.			
<input type="checkbox"/> ReliaStar will pay life insurance benefits if (s)he or a covered dependent dies within 31 days of the employee's termination date.			
<input type="checkbox"/> If the employee's spouse or qualified domestic partner is also enrolled in PEBB as an employee, the employee may: <ul style="list-style-type: none">• Enroll in the spouse's or qualified domestic partner's medical and/or dental coverage.• Transfer a portion of his or her life insurance coverage to the spouse's or partner's life coverage.			
For Leave Without Pay (LWOP) and Reduction in Force (RIF)			
<input type="checkbox"/> Advise the employee that the HCA will mail a <i>Continuation of Coverage Election Notice</i> booklet to his or her home.			
<input type="checkbox"/> Advise the employee to contact the HCA in writing or via e-mail when (s)he returns to work or terminates during leave.			
For retirement (nondisability) Advise the employee that:			
<input type="checkbox"/> (S)he should contact the Department of Retirement Systems at 1-800-547-6657 or go to www.dr.s.wa.gov to request a retirement packet. The retirement packet will include information on health insurance. The employee can get additional information by calling PEBB Benefits Services at 1-800-200-1004 or www.pebb.hca.wa.gov .			
<input type="checkbox"/> ReliaStar will pay life insurance benefits if (s)he or a covered dependent dies within 60 days of the retirement date.			
<input type="checkbox"/> If the employee's spouse or qualified domestic partner is also enrolled in PEBB as an employee, the employee may: <ul style="list-style-type: none">• Enroll in the spouse's or qualified domestic partner's medical and/or dental coverage.• Transfer a portion of his or her life insurance coverage to the spouse's or partner's life coverage.			
For disability			
<input type="checkbox"/> Retirement disability: Advise the employee of his or her right to continue PEBB coverage while his or her application for retirement is being reviewed (this may take several months).			
<input type="checkbox"/> Advise the employee that the HCA will mail a <i>Continuation of Coverage Election Notice</i> booklet to his or her home.			
<input type="checkbox"/> For all disabilities: Advise the employee of: <ul style="list-style-type: none">• His or her right to file an LTD claim.• His or her right to file for a waiver of premium on life insurance, if under age 60 on the date of disability.• If terminally ill, (s)he can apply for the accelerated life benefit.			
For dismissal or suspension without pay			
<input type="checkbox"/> Advise the employee that the HCA will mail a <i>Continuation of Coverage Election Notice</i> booklet to his or her home.			
<input type="checkbox"/> If the employee appeals the dismissal, advise him or her that PEBB coverage can continue on LWOP.			
For family leave (Family Medical Leave Act, or FMLA) Advise the employee that he or she:			
<input type="checkbox"/> Can retain employer-paid coverage during this period.			
<input type="checkbox"/> Must pay medical premiums to the agency while on leave without pay due to FMLA.			
<input type="checkbox"/> Can use accrued leave to have employee premiums for medical, dental, optional life, and LTD deducted from his or her paycheck.			
<input type="checkbox"/> Can drop optional coverages while on FMLA without providing evidence of insurability to reinstate coverages upon returning to work. If the employee chooses not to self-pay the optional coverages to the agency, these coverages will not be in effect until the first of the month after the employee returns to work. The employee will need to complete a <i>Life Insurance Change Form</i> upon his or her return to reinstate optional coverage.			
Basic Health is an affordable health coverage option			
<input type="checkbox"/> Advise employee that Basic Health is an affordable, health-care coverage program available to Washington State residents who are ineligible for Medicare and meet income guidelines. Enrollment limits may apply. For more information, call 1-800-660-9840 or go to www.basicealth.hca.wa.gov . <i>Reminder:</i> Retirees eligible for PEBB retiree coverage cannot enroll in Basic Health and return to PEBB coverage at a later date.			
_____ Agency Personnel/Payroll Officer's Signature HCA 50-420 (10/08)	_____ Date	_____ Employee's Signature	_____ Date

Transfer Employee between Agencies

- Subscribers may be transferred to another state agency or higher education institution. Do not use the transfer fields to transfer an employee to a K-12 school district, a political subdivision, retirement, self-pay, or COBRA. In those situations, the employee must be terminated on the A.41 screen.
- Employees transferring between agencies may not change health plans. There is one exception, if the employee is transferring to an employer group that has a different employer-paid contribution than the previous employer, the employee may change health plans.
- The insurance system must be updated by both the losing agency and the gaining agency.
- If an employee transfers anytime prior to the end of the month, the losing agency is responsible for paying the state share for the entire month.
- The losing agency should send the employee file to the gaining agency.

Losing Agency

1. Log into the PAY1 system.
2. Access the subscriber's record.
3. Change the command line to Next Function A.41 and the Type to "U". Choose Enter.

```
***** A.41 - SUBSCRIBER DATA *****                               MAPA411
SOC SEC NBR      : 999 99 9991      NAME                : DOE, JANE ANNE
HOME AGENCY     : 095                HOME SUB AGENCY   :
TRANSFER REASON :                    TRANSFER EFF DT    :
HOME PHONE      : 360 555 1234      BUSINESS/MSG PH  : 360 5555 8585
MAIL STOP       : 11111              COUNTY            : 34 THURSTON

ELIGIBILITY CODE : Y ACTIVE          ELIG EFF DATE:
ELIGIBILITY REASON : 05 RETURN TO WORK FROM LWOP
QUALIFY REASON   :                   COBRA/SELF END DT:
PENDING ELIG CODE :                   PENDING EFF DATE:
ORIG SOC SEC NUM :                    ORIG AGENCY       :
APPT STATUS      :                    AGY EFF/END DATE: 04 01 2009
PAY METHOD        : D PAYROLL DEDUCT  MONTHLY SALARY   : 2512.00

MARITAL STATUS   : S      (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 02 04 1991      DECEASED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE:      RETIRED DATE:
                                           TERM REASON:

NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 9991 AGY: 095 SUB:      PAY ACTION:
INQUIRY ONLY    ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
```

4. Tab to the Transfer Reason field and enter 401 in the field.
5. Enter the effective date in the Transfer Eff Dt field. The effective date is always the last day of the month in which the subscriber is transferring. *Note: When a transfer occurs at any time prior to the end of the month, the losing agency is responsible for paying the state share for the entire month.*
6. Change the command line to Next Function A.41 and the Type to "I". Choose F10. Verify the change is accepted.

- Notify the gaining agency that the transfer has been completed in PAY1. DOP has an Agency Contact List on their website at:
<http://www.dop.wa.gov/payroll/HRMS/HRMSSupport/Pages/AgencyContactList.aspx>.

Gaining Agency

- Log into the PAY1 system.
- Access the employee's record.
- Change the command line to Next Function A.41 and Type to "U". Choose Enter. The A.41 screen displays.

```

***** A.41 - SUBSCRIBER DATA *****
MAPA411
SOC SEC NBR      : 999 99 9991      NAME           : DOE, JANE ANNE
HOME AGENCY     : 095              HOME SUB AGENCY :
TRANSFER REASON :                   TRANSFER EFF DT :
HOME PHONE      : 360 555 1234      BUSINESS/MSG EH : 360 555 8585
MAIL STOP       : 11111            COUNTY          : 34 THURSTON

ELIGIBILITY CODE : Y ACTIVE        ELIG   EFF DATE:
ELIGIBILITY REASON : 01 NEWLY ELIGIBLE MEMBER
QUALIFY REASON   :                 COBRA/SELF END DT:
PENDING ELIG CODE :                 PENDING EFF DATE:
ORIG SOC SEC NUM :                   SUBSIDY END DATE:
APPT STATUS      :                   ORIG AGENCY     :
PAY METHOD        : D PAYROLL DEDUCT AGY EFF/END DATE: 04 01 2009
MONTHLY SALARY   : 2512.00

MARRIAGE DATE   : 02 14 1991        DECEASED DATE:
SPOUSE DIV/DEC DATE:                RETIRED DATE:
SPOUSE DIV/DEC REASON:              SPOUSE DIV/DEC REASON:

NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 9991 AGY: 095 SUB:    PAY ACTION:
INQUIRY ONLY   ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

- If the employee has not been transferred out of the losing agency, notify the agency that the transfer needs to be completed in PAY1. DOP has an Agency Contact List on their website at:
<http://www.dop.wa.gov/payroll/HRMS/HRMSSupport/Pages/AgencyContactList.aspx>.
- Tab to the Home Agency field. Enter the new home agency code.
- If applicable, enter the new home sub agency in the Home SUB Agency field.
- In the Transfer Reason field enter the code 201.
- Enter the effective date in the Transfer Eff Dt field. The transfer date should be the first day of the month following the transfer. *Note: Do not update any other fields at this time. Additional changes require a separate transaction.*
- Change the command line to Next Function A.41 and Type to "I". Choose F10. Verify changes are accepted.

**HRMS offers a Movement and Turnover Report (ZHR_RPTPYU26) that may help you track staff transfers.*