

Employer Decision Notice

Public Employees Benefits Board (PEBB) Program

An employing agency may only reverse eligibility or enrollment decisions based on its own delays or errors. The employing agency must make a decision within **30 days** of receiving an employee's request for review.

Employee Information:			Agency number
Last name	First name	Middle initial	Subagency number
Social security number			Contact at agency
			Phone number
Dependent's Information: (if the case concerns a dependent)			
Last name	First name	Middle initial	Social security number
Description of action employee requests reviewed:			
We have reviewed your case.			
<input type="checkbox"/> We agree with our agency's initial action. You have the right to appeal this action by submitting a written appeal to the PEBB Appeals Committee. Instructions on how to do this are at www.pebb.hca.wa.gov . The PEBB Program must receive your appeal within 30 days of the date of this <i>Employer Decision Notice</i> .			
<input type="checkbox"/> We agree with you. We will reverse our initial action.			
Employer's reasons:			
Actions to be taken:			
_____ Reviewer's name			
_____ Reviewer's signature			_____ Date



Employing agency:

After completing this form, send a copy to the employee and your administrator (or designee), then attach it to a FUZE e-mail and send it to the PEBB Program. Go to www.hca.wa.gov/perspay to use FUZE e-mail.