

PEBB Benefit Eligibility



Worksheet B-3 - Faculty Requesting Two-Year Averaging

- This worksheet determines benefit eligibility for the employer contribution for all benefits-eligible faculty who worked an average of half-time or more in each of the two preceding academic years and are potentially eligible to receive uninterrupted employer contribution to PEBB benefits.
- Complete and share this worksheet with the faculty.
- If the faculty's eligibility changes, complete a new worksheet and notify the faculty of eligibility changes.

Employee Name: _____ Employee ID: _____

Employee E-mail Address: (optional) _____

Stacking Hours* across Employers

Faculty has informed you that:	Enter Y or N
He or she is working as faculty at more than one institution of higher education.	

If **"Yes"**, include faculty hours (as a %) from the other higher education institutions when determining eligibility.

Eligibility Calculator

To determine eligibility by averaging:

- Convert time worked into a percentage of full-time work for each quarter/semester.
*Include the anticipated percentage of faculty hours from other higher education institutions.
 Exclude non-faculty, standby, and any temporary increase in work hours, of 6 months or less, caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern.*
 Describe excluded hours: _____
- Enter the academic year for each quarter or semester
- Only enter the percentage for the 3 highest quarters or 2 highest semesters worked. (for semesters leave Winter blank)
 - As you leave each cell, the "average" will re-calculate.
- If the employee is working for more than one state higher education institution, include information in the "Other Institutions" row.
 - As you leave each cell, the total for each quarter/semester will re-calculate and the total "average" will re-calculate.

Qtrr/Sem	Summer	Fall	Winter	Spring	Average
Academic Year					
Your Institution:					
Other Institutions:					
Total					

Qtrr/Sem	Summer	Fall	Winter	Spring	Average
Academic Year					
Your Institution:					
Other Institutions:					
Total					

Requirements of Eligibility (WAC 182-12-131)	
Faculty:	Enter Y or N
a. Applied, in writing, for two-year averaging within the deadline established by your institution, and	
b. Is employed on a quarter-to-quarter or semester-to-semester basis, and	
c. Worked an average academic workload of half-time or more in each of the two preceding academic years at one or more higher education institutions; and	
d. Was eligible for the employer contribution sometime in the last two (2) years.	
Uninterrupted Employer Contribution Decision	Decision
If you answered " Yes " to all of the requirements above, faculty is eligible to receive uninterrupted employer contribution for benefits through two-year averaging.. Continue with Step 1 of this worksheet.	
If you answered " No " to any of the requirements above, faculty is not eligible to receive uninterrupted employer contribution for benefits at this time. Continue with Step 4 of this worksheet.	
Requirements for Maintaining Eligibility through Two-Year Averaging (WAC 182-12-131)	
Benefits continue until the faculty does not:	
a. Work at least two quarters or semesters of the academic year, and	
b. Maintain an average academic year workload of half-time or more based on 3 quarters or 2 semesters.	
Eligibility under two-year averaging ceases immediately if the eligibility criteria is not met or if the eligibility criteria becomes impossible to meet.	
1. Employer Contribution when Faculty uses Multiple Institutions to gain Eligibility	
If faculty is eligible for the employer contribution based on employment at a single institution, that one institution will pay the entire cost of the employer contribution. If the faculty is eligible for the employer contribution based on employment at more than one institution, each institution contributes based on its percentage of the faculty's total work at all institutions during the past two academic years. The institution with the greatest percentage is responsible for the actual payment of the contribution to HCA. The employer contribution for summer or off-quarter/semester coverage and for faculty using two-year averaging is handled the same as stated above. (WAC 182-08-200)	
2. Benefits	Enter Y or N
Is the faculty currently enrolled in benefits?	
If " Yes " – Employer: Continue the employer contribution for: medical, dental, basic life and basic LTD. If applicable, continue payroll deductions for: Optional Life, Optional LTD, Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP) Go to Step 4 of this worksheet.	
If " No " – Employer: Contact PEBB by phone or through FUZE e-mail. <ul style="list-style-type: none"> • Determine if the faculty continued benefits by self-paying • If the faculty self-paid, verify which benefits and coverage. (Enter the life insurance amounts self-paid in section 3b of this form in the Amount column.) • Provide PEBB with the date the employee is eligible for the employer contribution for benefits. Go to Step 3 of this worksheet.	

Enter the effective date (date coverage begins) in the Date field. Select the Tab key on the keyboard, the effective dates will automatically populate for life insurance and long-term disability.

3. Coverage Begins			
a. Medical and Dental			Date
Coverage begins the first day of the month following the end of the spring quarter or semester.			
<p>Employer: Reinstate the medical and dental coverage the faculty had in place, including dependent coverage, prior to losing eligibility or that the faculty self-paid while not eligible for the employer contribution. Use reason code <i>05 Return from LWOP</i>. Faculty may change plans no later than 60 days after the effective date by submitting an <i>Employee Enrollment/Change form</i>.</p>			
b. Life Insurance			
Faculty must submit a Life Insurance Enrollment/Change form no later than 31 days after the first of the month following the end of the spring quarter/semester, even if they self-paid their coverage.			
Coverage:		Amount	Date
Employee Basic	Reinstate coverage with an effective date of the first of the month following the end of the spring quarter/ semester.	25,000	
Did faculty self-pay the following supplemental coverage? Enter Y or N.			
Employee Supplemental		If "Yes" reinstate amount self-paid only.	
	If "No" faculty must reapply. Carrier approval is required.		
Dependent (Child) Basic		If "Yes" reinstate coverage.	
	If "No" faculty must reapply. Carrier approval is required.		
Spouse Basic		If "Yes" reinstate coverage.	
	If "No" faculty must reapply. Carrier approval is required.		
Spouse Supplemental		If "Yes" reinstate amount self-paid only.	
	If "No" faculty must reapply. Carrier approval is required.		
Supplemental AD&D		If "Yes" reinstate amount self-paid only.	
	If "No" faculty must reapply. Carrier approval is <u>not</u> required.		
c. Long-Term Disability (LTD)			Date
Basic LTD	Reinstate coverage with an effective date of the first day of the month following the end of the spring quarter/semester.		
Optional LTD	Reinstate coverage with an effective date of the first day of the second month following the end of the spring quarter/semester.		
4. Signature and Date			
<p>I have reviewed the information above and acknowledge the decision made. I understand that I can access PEBB rules and guidance on the above decision through the PEBB website (www.pebb.hca.wa.gov), specifically WAC 182-12-114 (employee eligibility for benefits) and 182-12-131 (maintaining the employer contribution). I understand that if I have a change that affects my eligibility for benefits, my employer will notify me. I also understand that I have the right to ask my employer to re-evaluate my eligibility at any time.</p> <p>I understand it is my responsibility to inform my employer immediately if I am returning from layoff status within 24 months of my layoff date (<i>For the limited purpose of determining PEBB benefits eligibility, "layoff" is defined in WAC 182-12-109 and there are examples of application in WAC 182-12-129 and 133(1)(e).</i>)</p> <p>I understand it is also my responsibility to inform my employer immediately if I have or obtain multiple jobs or positions at other institutions of higher education.</p> <p>I acknowledge that I have the right to appeal this and any future eligibility decisions for PEBB benefits made by a PEBB-participating employing agency through the PEBB Appeals Process. The PEBB appeals process begins with requesting a review from your employer. For a complete explanation of the appeals process and the appeals forms visit the PEBB website: www.pebb.hca.wa.gov</p>			

Signature and Date continued

All benefits-eligible faculty who work an average of half-time or more in each of the two preceding academic years are potentially eligible to receive uninterrupted employer contribution to benefits by using two-year averaging. In order to be eligible for the employer contribution through two-year averaging, the faculty must provide written notification of his or her potential eligibility to the employing agency or agencies within the deadlines established by the employing agency and agencies. (WAC 182-12-131)

All faculty who work an average of half-time or more throughout the entire instructional year or equivalent 9-month period and work each quarter/semester of the instructional year or equivalent 9-month period are eligible for the employer contribution toward summer or off-quarter/semester insurance coverage. (See WAC 182-12-131(3)(c) and Policy 17-3 for exceptions.)

All faculty who lose eligibility for the employer contribution will regain it if they return to a faculty position where it is anticipated that they will work half-time or more for the quarter/semester no later than the twelfth month after the month in which they lost eligibility (see WAC 182-12-131(3)(e)).

Employee Signature		Date
Agency Representative Signature	Agency/Sub Agency	Date

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

SAMPLE