

PEBB Benefit Eligibility

Worksheet B-3a – Quarter/Semester-to-Quarter/Semester Faculty Review for Maintaining the Employer Contribution through Two-Year Averaging

- This worksheet is to determine if quarter/semester-to-quarter/semester faculty meet the eligibility requirements to **maintain** the employer contribution through two-year averaging.
- To establish eligibility through two-year averaging use Worksheet B-3.
- 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 for maintaining uninterrupted employer contribution by averaging:					
1. Convert time worked or anticipated work into a percentage of full-time work per quarter/semester. <i>Include the anticipated percentage of 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.</i> Describe excluded hours: _____					
2. Enter the academic year for each quarter or semester.					
3. Only enter the percentage for the 3 highest quarters (even if one of the quarters is 0) or 2 highest semesters worked or anticipated to work. (for semesters leave Winter blank) a. As you leave each cell, the "average" will re-calculate.					
4. If the employee is working for more than one state higher education institution, include information in the "Other Institutions" row. a. As you leave each cell, the total for each quarter/semester will re-calculate and the total "average" will re-calculate.					
Qtrtr/Semester	Summer	Fall	Winter	Spring	Average
Academic Year					
Your Institution:					
Other Institutions:					
Total Year					

Enter a "Y" or "N" in each of the Requirements of Eligibility.

Requirements of Eligibility for Maintaining the Employer Contribution (WAC 182-12-131)	
Two-Year Averaging Review	
<i>*Half-time is defined as one-half of the full-time academic workload as determined by each institution, except half-time for community and technical college faculty is governed by RCW 28B.50.489.</i>	
Faculty:	Enter Y or N
a. Is using two-year averaging to maintain uninterrupted employer contribution; and	
b. Is employed on a quarter/semester-to-quarter/semester basis; and	
c. Has worked or anticipate will work at least 2 quarters or 2 semesters in the academic year; and	
d. Has worked or anticipate will work an average of half-time or more for 3 quarters or 2 semesters in the academic year.	
Uninterrupted Employer Contribution Decision using Two-Year Averaging	Decision
If you answered " Yes " to all of the requirements above, faculty continues to be eligible for the uninterrupted employer contribution through two-year averaging until the criteria of c and d above are impossible to meet. Leave faculty enrolled in benefits in the PAY1 insurance system.	
If you answered " No " to any of the requirements above, faculty is no longer eligible to receive uninterrupted employer contribution for benefits through two-year averaging. Faculty may be eligible by quarter/semester-to-quarter/semester review. Continue with the quarter-to-quarter/semester-to-semester review below.	

Only complete this section if the faculty is no longer eligible under 2-year averaging above.

Quarter-to-Quarter/Semester-to-Semester Review	
Faculty:	Enter Y or N
a. Has worked or will work half-time* or more this/next quarter/semester.	
Uninterrupted Employer Contribution using Quarter/Semester Review	Decision
If you answered " Yes " to the requirement above, faculty continues to be eligible for the uninterrupted employer contribution through quarter/semester-to-quarter/semester review. Leave faculty enrolled in benefits in the PAY1 insurance system.	
If you answered " No " to any of the requirements above, faculty is no longer eligible to receive uninterrupted employer contribution for benefits through quarter/semester-to-quarter/semester review. Faculty may be eligible for off-quarter/semester coverage. Continue with the Off-Quarter/Semester review below.	

Only complete this section if the faculty is no longer eligible under 2-year averaging or quarter/semester-to-quarter/semester review.

Off-Quarter/Semester Review	
The faculty:	Enter Y or N
a. Has worked the entire instructional year or equivalent nine month period. (3 consecutive quarters or 2 consecutive semesters), and	
b. Worked half-time* or more for the entire instructional year or equivalent nine month period. (Does not have to be half-time or more in each quarter or semester), and	

Off-Quarter/Semester Review – continued	
<p>c. Is in at least one of the following circumstances:</p> <ul style="list-style-type: none"> i. The faculty has not resigned, been terminated, or reached the end of a contract, or ii. The faculty will likely return to a faculty position after the summer or off-quarter/semester based on the employer's reasonable knowledge; or iii. The faculty has not resigned or been terminated and this is at least the second consecutive instructional year or nine-month equivalent the faculty has worked as faculty at an institution of higher education (<i>see Policy 17-3</i>) 	
Uninterrupted Employer Contribution using Off-Quarter/Semester Review	Decision
If you answered " Yes " to all of the requirements above, faculty continues to be eligible for the uninterrupted employer contribution through off-quarter/semester review. Leave employee enrolled in benefits in the PAY1 insurance system.	
If you answered " No " to any of the requirements above, faculty is no longer eligible to receive uninterrupted employer contribution for benefits. Continue with step 1 of the worksheet.	
1. Date Employer Contribution for Benefits Ends	Date
Enter the date the faculty's employer contribution for benefits ends. Refer to the: Termination due to Loss of Eligibility Addendum 19-1A	
2. Insurance System (PAY1) - Employer	
Key the termination in the PAY1 insurance system immediately after the faculty is no longer eligible for the employer contribution. Late keying of terminations can affect the employee options and increase employer financial responsibility. Use reason code <i>50 Faculty between periods of Eligibility</i> .	
3. Coverage Ends:	
<p>Medical, dental, and basic life insurance end at midnight on the last day of the month in which the employer contribution ends.</p> <p>Basic long-term disability (LTD) ends the last day in which the employee is in pay status.</p> <p>Supplemental life insurance ends, the earlier of (1) the end of the month in which status as an employee terminated, or (2) the last day of the month in which the employee is eligible for the employer contribution or employee premiums were withheld, whichever is later.</p> <p>Optional long-term disability ends the date the last period ends for which the employee made a premium contribution.</p> <p>Participation in the Flexible Spending Account (FSA) or Dependent Care Assistance Program (DCAP) ends when employment ends. Faculty may submit reimbursement requests through March 31 of the following year for expenses incurred through their last day of work up to the available funds.</p>	
4. Employee Options for Continuation of Coverage (WAC 182-12-142)	
<p>A continuation of coverage packet will be mailed to the faculty no later than 14 days after benefits are terminated in the insurance system. Faculty may continue any combination of medical, dental, and life insurance coverage by self-paying the full premium set by the HCA, with no contribution from the employer, for a maximum of 12 months* between periods of eligibility.</p> <p>To continue coverage on a self-pay basis:</p> <ul style="list-style-type: none"> • Submit the <i>Leave Without Pay (LWOP) Continuation Coverage Election</i> form no later than 60 days after the postmark date on the continuation of coverage packet. <p><i>Note: If faculty participated in an FSA while benefit eligible, changing to a CDHP with an HSA within the same tax year will have tax consequences. Employee should speak with a tax advisor.</i></p>	

Employee Options for Continuation of Coverage – continued

- Faculty may be eligible to continue FSA contributions through COBRA. Contact ASIFlex for information.
- Faculty who do not continue optional life insurance or continue a reduced amount of coverage during the gap in eligibility will be required to reapply for coverage when they reestablish eligibility for the employer contribution and will be subject to carrier approval.

**If the faculty does not return to work within the 12 month period, faculty would be eligible to continue medical and dental coverage under COBRA. The maximum number of months allowed under federal COBRA law are included in the maximum number of months allowed under LWOP. Faculty may switch to COBRA coverage after the 12 months of LWOP for 6 months of COBRA for a total of 18 months of medical and dental coverage.*

5. Signature and Date

I have reviewed the information above and acknowledge the decision made. I understand 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.

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 (*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 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.

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 appeals process begins with requesting a review from your employer. For a complete explanation of the appeals process and the forms visit the PEBB website: www.pebb.hca.wa.gov

All benefits eligible faculty who worked 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 or 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) 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