

PEBB Benefit Eligibility

Worksheet B-7 – Seasonal Employees currently eligible for the employer contribution for benefits who change positions due to layoff with no break in service

- This worksheet determines eligibility for the employer contribution for benefits when a benefit eligible seasonal employee voluntarily changes positions due to layoff, or the employer initiates a change in position due to layoff and has no break in service (employee will be in pay status 8 or more hours in the month following the layoff)
- A change in position may include: employee remaining in the same position with reduced work hours, a job change that entails a different job description, or reverting to a previous position
- If the change in position is **not** due to layoff, refer to Worksheet B-5.
- If the employee is returning after layoff and had a break in service* of 1 or more months, use worksheet D-2.
- Complete and share this worksheet with the employee.
- If the employee's eligibility changes, complete a new worksheet and notify the employee of eligibility changes.

*A break in service, for the purpose of benefits, means the employee will be in pay status for less than 8 hours in the month following the layoff.

Employee Name: _____ Employee ID: _____

Employee Email Address: (optional) _____

Enter a "Y" or "N" for each of the requirements for eligibility.

Guidance	
There are three ways an employee who has been laid off may be eligible to maintain the employer contribution: (1) Establish eligibility through WAC 182-12-114; (2) Maintain eligibility through consecutive stacking; (3) Maintain eligibility after layoff through WAC 182-12-129.	
Stacking Hours within an Agency (WAC 182-12-114)	Enter a Y or N
The employee has informed you that:	
He/she is working in other position(s) or job(s) in the agency.	
If "Yes", include the hours from all positions or jobs when determining eligibility.	
Requirements for Eligibility (WAC 182-12-114)	Enter a Y or N
Anticipate employee will work:	
a. An average of at least 80 hours per month; and When calculating hours: <ul style="list-style-type: none"> • Include all hours from all positions/jobs in your agency (stacking hours); and • Exclude the following hours: <ul style="list-style-type: none"> – Standby hours, 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. – Paid time off (e.g., vacation, sick leave, holiday, etc.) Describe Excluded Hours: _____	
b. A cyclical period at a specific time of year that lasts three* (3) to eleven (11) months; and	
c. At least eight (8) hours in each month of the season.	
*A three month season is 3 consecutive calendar months during a recurring annual period (e.g., January 20 to March 10 is considered a three month season.	

Eligibility Decision		Decision
If you answered " Yes " to all of the requirements, the employee is eligible to continue the employer contribution for benefits under WAC 182-12-114. Go to step 1 of this worksheet.		
Eligibility Decision continued		Decision
If you answered " No " to any of the requirements, the employee is not eligible to continue the employer contribution under WAC 182-12-114. Continue with the <i>Guidance for Determining Employee Eligibility</i> section below.		
Guidance for Determining Employee Eligibility		
<i>Choose the scenario that best describes to employee's situation.</i>		
Employee changes positions within your agency due to layoff (<i>including a reduction in hours and reversion</i>)	Go to Section A	
Employee changes positions and moves to a different agency due to layoff (<i>including reversion</i>)	Go to Section B	
Section A - Employee changes positions within your agency		
<i>Enter a "Y" or "N" for each of the requirements of eligibility.</i>		
Requirements of Eligibility under WAC 182-12-114 (2)(c)		Enter a Y or N
The employee:		
a. Has changed positions or had a reduction in work hours due to layoff; and		
b. Has or will have no break in the employer contribution for benefits (eight (8) or more hours of pay status from the month in which the current position ends to the month in which the new position begins. (consecutive stacking))		
Eligibility Decision		Decision
If you answered " Yes " to all of the requirements, the employee is eligible for the employer contribution each month by "consecutive stacking" (remaining in pay status for at least eight (8) hours each month). Go to step 1 of this worksheet.		
If you answered " No " to any of the requirements, the employee is not eligible for the employer contribution for benefits at this time. Complete worksheet C-7 and routinely monitor the employees' eligible work hours to re-establish eligibility.		
Section B - Employee moves to a different agency		
<i>Enter a "Y" or "N" for each of the requirements of eligibility.</i>		
Requirements of Eligibility for Layoff under WAC 182-12-129		Enter a Y or N
The employee:		
a. Has changed positions or had a reduction in work hours due to layoff; and		
b. Will have eight (8) or more hours of pay status in the new position.		
Eligibility Decision		Decision
If you answered " Yes " to all of the requirements, the employee is eligible to maintain the employer contribution for benefits under WAC 182-12-129 for the next 24 months and must re-establish eligibility under WAC 182-12-114 on month 25. Refer to Worksheet A-5 for procedural guidance and continue with to step 1 of this worksheet.		
If you answered " No " to any of the requirements, the employee is not eligible for the employer contribution for benefits at this time. Complete worksheet C-7 and routinely monitor the employees' eligible work hours to re-establish eligibility.		

1. Insurance System (PAY1)

Continue the employer contribution by leaving the employee and their dependents, if applicable, enrolled in benefits in the PAY1 insurance system. If the employee is benefits eligible and transferring to a different PEBB agency refer to Worksheet A-5 for procedural guidance.

If the employees eligibility changes, complete a new worksheet and notify the employee of the change in eligibility.

2. Signature and Date

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.

I understand that 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 within the agency.

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 appeals forms visit the PEBB website: www.pebb.hca.wa.gov

Employee Signature		Date
Agency Representative's Signature	Agency/Sub Agency	Date

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

