

# **Chapter 2**



***Enroll, Waive,  
Change Plans,  
and Dual  
Enrollment***

*State Agencies*

## Enroll, Waive, Change Plans, and Dual Enrollment

<b>Enroll a Newly Eligible Employee</b> .....	<b>4</b>
<b>Verify Employee Record</b> .....	<b>5</b>
<b>Establish Employee Eligibility</b> .....	<b>6</b>
<b>Add an Eligible Spouse and/or Dependents</b> .....	<b>7</b>
Dependent Data .....	7
Current Data—Health.....	8
Tobacco Use and Spousal Premium Surcharges.....	8
Current Data—Dental.....	9
<i>Extended Dependents and Dependents with Disabilities</i> .....	10
<i>Dependent Verification</i> .....	10
<b>Enroll Employee in Health and Dental Coverage</b> .....	<b>11</b>
Health Insurance.....	11
Tobacco Use Premium Surcharge.....	12
Dental Insurance.....	12
<b>Enroll Employee in Life Insurance</b> .....	<b>13</b>
Employee Selected the Guaranteed Issue Amount or Less.....	13
Employee Selected More Than the Guaranteed Issue Amount.....	15
<b>Enroll Employee in LTD</b> .....	<b>17</b>
<b>Correct a Social Security Number</b> .....	<b>18</b>
Subscriber’s SSN .....	18
Dependent’s SSN .....	18
<b>Plan Changes</b> .....	<b>19</b>
Medical Plan Changes.....	19
Dental Plan Changes.....	19
<b>Add Dependents after Initial Enrollment</b> .....	<b>20</b>
Enroll Spouse/Partner in Medical/Dental .....	20
Enroll Spouse/Partner in Life.....	21
<b>New Dependent Child</b> .....	<b>21</b>
Enroll New Child in Medical/Dental Coverage .....	22
Enroll New Child in Life.....	22
<b>Pending Coverage</b> .....	<b>22</b>
Change a Pending Carrier .....	22
Erase a Pending Carrier .....	22
Erase a Pending Waiver or Enrollment.....	23
<b>Dual Enrollment</b> .....	<b>23</b>
Employee Dual Enrollment.....	23
<i>Important Elements of Employee Dual Enrollment</i> .....	23
<i>Process to Correct Employee Dual Enrollment Issue</i> .....	24
Dependent (Spouse/Children) Dual Enrollment.....	25

<i>Important Elements of Dependent Dual Enrollment</i> .....	25
<i>Process to Correct Dependent Dual Enrollment Issue</i> .....	25
<b>Waiving Coverage</b> .....	<b>26</b>
Employee .....	26
Spouse/Partner and/or Dependents .....	26
<b>Enrolling in Medical/Dental after Waiving Coverage</b> .....	<b>27</b>
Employee .....	27
Spouse/Partner and/or Dependents.....	28

## Enroll a Newly Eligible Employee

Employees must complete the *Employee Enrollment/Change* form and *Long-Term Disability Enrollment/Change* form no later than 31 days after their date of eligibility.

For a list of required documents and valid dependent verification, see the [Eligibility Manual](#) (chapter 1, page 16).

If the employee would like to participate in a Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program (DCAP), the *FSA/DCAP Enrollment* form must be submitted to the employer no later than 31 days after the date of eligibility. The employer must verify the information is correct and sign and date the form prior to sending it to Navia Benefit Solutions for enrollment. (*This benefit is for state agency and higher education institution employees only*).

Employees must complete the *Life Insurance Enrollment* form no later than 60 days after their initial date of eligibility. If the employee is requesting more than the guaranteed amount or submits their form after 60 days, an *Evidence of Insurability* form must be submitted to ReliaStar.

## Verify Employee Record

```
***** A.01 - PERSON DATA *****                               MAPA011

SOC SEC:    000 00 1111          ID#: 000004430          HOME AGY/SUB-AGY: 107
LAST NAME:  CITIZEN              SUFFIX:
FIRST NAME: JOHN                 ----PHONE----:
MIDDLE NAME: Q                   BUSINESS/WORK: 360 001 0001
SHORT NAME: CITIZEN, JOHN Q      HOME: 360 002 0002
EMAIL ADDRESS:                   OPT IN:
HOME ADDRESS:
LINE1: 123 MAIN STREET          ADDR EFF DATE: 02 20 2015
LINE2:
LINE3:
CITY: OLYMPIA                  COUNTY: 34 THURSTON
ST: WA ZIP CD: 98506
COUNTRY CD:
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:
ST:
ZIP CD:
COUNTRY CD:
BIRTH DT: 06 01 1975  GENDER: M  PERM ST:          ANNIV DT:
NEW SSA:
NEXT FUNCTION: A 41  TYPE: U  SSA: 000 00 1111  AGY: 107  SUB:          PAY ACTION :
INQUIRY ONLY  ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM

4B  :00.1  23/35
```

1. Log into the PAY1 System.
2. Access the A.01 screen.
3. Enter "I" (Inquiry) in the Type field. Tab to the SSA field and enter the subscriber's social security number. Select Enter. Verify the GAP 9 nightly interface file has created a record.

## Establish Employee Eligibility

```

***** A.41 - SUBSCRIBER DATA *****                               MAPA411
SOC SEC NBR: 000 00 1111      ID#: 000004430      NAME : CITIZEN, JOHN Q
HOME AGENCY      : 107                HOME SUB AGENCY :
TRANSFER REASON :                    TRANSFER EFF DT :
HOME PHONE      : 360 002 0002        BUSINESS/MSG PH : 360 001 0001
MAIL STOP       :                    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 :                    ORIG AGENCY   :
APPT STATUS      :                    AGY EFF/END DATE: 02 02 2015
PAY METHOD        : D PAYROLL DEDUCT   MONTHLY SALARY : 10000.00
MARITAL STATUS   : M (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 04 16 2003      DECEASED   DATE:
RETIRED         :                    RETIRED     DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE:      TERM REASON:
60-DAY:

BASIC LIFE/LTD DATE:                SUPP LIFE:                OPT LTD:
NEXT FUNCTION: A 43 TYPE: U SSA: 000 00 1111 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY  ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
4B  :00.1 23/35

```

1. On the command line, enter A.41 in the Next Function field. Enter “U” in the Type field. Select Enter. The A.41 screen opens in update mode.
2. Enter the Home Agency code and the Home Sub Agency code, if applicable.
3. Enter a “Y” in the Eligibility Code field. (“Y” represents an eligible active employee of a state, higher education, ESD, K-12 school district, or employer group paying composite rate.)
4. Enter the Eligibility Effective Date. (See the [PEBB Eligibility Manual](#) (page 14) for eligibility effective date information.)
5. Enter the Eligibility Reason. Valid codes are found in [chapter 1](#) (page 25).
6. Verify or change the Payment Method field to “D” (Payroll Deduction).
7. Verify or enter the subscriber’s monthly salary.
8. Enter “M” (Married) or “S” (Single) in the Marital Status field. Verify employee has completed a *Declaration of Tax Status* form if employee is enrolling a spouse who does not qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).
9. If marital status is “M,” enter the date of marriage or date of registration of the state-registered domestic partnership in the Marital Status Date field.
10. On the command line, enter A.41 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted.
11. On the command line, enter A.43 in the Next Function field. Enter “A” in the Type field. Select Enter.

## Add an Eligible Spouse and/or Dependents

```

***** A.43 - DEPENDENTS DATA *****
SUBSCR SOC SEC : 000 00 1111 ID#: 000004430 NAME : CITIZEN, JOHN Q
----- DEPENDENT DATA -----
DEPEND SOC SEC : 000 00 0002 GENDER: F DEPEND NAME : CITIZEN, JOAN A
LST NM: CITIZEN 1ST NM: JOAN MI: A SFX:
RELATIONSHIP: S SPOUSE BIRTHDATE: 07 01 1980 QUAL RSN: M MARRIED
MEDICARE - A: N MEDICARE - B: N HICN:
CERT IND: EFF DT: END DT: SSN: FNB: DT:
----- CURRENT -----
ENR EFF DATE PREM DATE REASON ENR EFF DATE
HEALTH: N 02 02 2015 02 02 2015 11 NEED VERIFICATION DOC
TOBACCO: Y 02 02 2015
SPOUSAL: Y 02 02 2015
DENTAL: N 02 02 2015 02 02 2015 11 NEED VERIFICATION DOC
PHYS/CLINIC : 60-DAY: DENTAL/CLINIC :
ADDRESS (IF DIFFERENT FROM SUBSCRIBER):
ADDR LINE 1 :
ADDR LINE 2 :
CITY : STATE : ZIP :
NEW DEPEND SSA : COUNTRY CD :
VERIFY: ST: SRC: ST DT: 02 20 2015
NEXT FUNCTION: A 44 TYPE: SUBSCR SSA: 000 00 1111 DEPEND SSA: 000 00 0002
INQUIRY ONLY ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
4B 00.1 23/29

```

### Dependent Data

1. Enter the dependent's social security number. **Note:** Every effort should be made to enter a valid SSN for a dependent.
2. Enter the gender in the Gender field.
3. Enter the dependent's Last Name, First Name, Middle Initial, and Suffix, if applicable, in the appropriate fields.
4. Enter the relationship of the dependent to the subscriber. Valid codes are available in [chapter 1](#) (page 37).

**Note:** There must be a marriage/registration date on the A.41 screen to add a spouse or registered domestic partner.

5. Enter the dependent's birthdate.
6. If the dependent is a spouse, registered domestic partner, extended dependent, or a dependent with disabilities, age 26 or older, enter the code in the Qualifying Reason field. Valid codes are available in [chapter 1](#) (page 37).

**Note:** Enrollment for all dependents requires dependent verification. See [Extended Dependents and Dependents with Disabilities](#) and [Dependent Verification](#) sections on the following pages for further guidance.

7. If the dependent is a spouse, registered domestic partner, or a new spouse, enter an “M” (Married) or a “P” (Partnership).

### *Current Data—Health*

1. Tab to the Health Enrollment field. If the dependent is enrolling in medical coverage, enter a “Y.” If the employee does not enroll the dependent in coverage, enter an “N.”
2. Enter the dependent’s effective date of enrollment. The enrollment date will be the same as the newly eligible employee. (See [PEBB Eligibility Manual](#) (page 14) for eligibility effective date information.) If the dependent is not enrolling in coverage, leave the field blank.
3. If the dependent is enrolling in medical coverage, enter code **01 (Newly eligible member)** in the Reason field. If the dependent is not enrolling in medical coverage, enter code **49 (Not Elected)** in the Reason field.

### *Tobacco Use and Spousal Premium Surcharges*

1. Tab to the Tobacco field. If the employee attested that the dependent, age 13 or older, uses tobacco (for the tobacco use premium surcharge), enter a “Y.” If the employee attested the dependent does not use tobacco, enter a “N.” If the employee did not attest for their dependent, enter a “D.” (This will default the dependent and employee will incur the premium surcharge.)

*Note: The tobacco use premium surcharge only applies to dependents age 13 and older that are enrolled under a subscriber’s medical benefits. A subscriber must attest for all his/her dependent(s) over the age of 13.*

2. Enter the effective date. For newly eligible employees who attest within 31 days, the effective date is the same as medical and dental. If the newly eligible employee attests after 31 days, they will incur the premium surcharge (same effective date as medical).
3. Tab to the Spousal field. If the employee attested “yes” to the spousal premium surcharge, enter a “Y.” If the employee attested “no” and checked a question (Question 1 through 6) on the attestation form, key that number in place of “N.” If the employee selects more than one question, key the first number. (For example, if employee checked Question 2 and 6, key “2.”) If the employee attested “no” and did not provide a number, enter an “N.” If the employee did not attest, did not submit a complete attestation form, or attested after their 31-day enrollment period, enter a “D.” (This will default the dependent and employee will incur the premium surcharge.)

**Does the spouse or registered domestic partner coverage surcharge apply to you?** Check one:

I previously attested to the spouse or registered domestic partner coverage premium surcharge for 2015 and the attestation has not changed.

YES, I used the 2015 Premium Surcharge Help Sheet and completed the 2015 Spousal Plan Calculator online.

NO, I used the 2015 Premium Surcharge Help Sheet and, if needed, completed the 2015 Spousal Plan Calculator online.

**Which questions, if any, on the 2015 Premium Surcharge Help Sheet did you check NO? Check all that apply.**

Question 1     Question 2     Question 3     Question 4     Question 5     Question 6

Employer to determine. I used the 2015 Premium Surcharge Help Sheet and am completing and submitting a printed 2015 Spousal Plan Calculator. My employer will determine whether my spouse's or registered domestic partner's employer-based group medical insurance is comparable to UMP Classic.

The 2015 Premium Surcharge Help Sheet and the 2015 Spousal Calculator are available at [www.hca.wa.gov.pebb](http://www.hca.wa.gov.pebb)

4. Enter the effective date. For newly eligible employees who attest within 31 days, the effective date is the same as their medical and dental. If the newly eligible employee attests after 31 days, they will incur the premium surcharge (same effective date as medical) and can re-attest only during specific times of the year:

*Note: The spousal premium surcharge only applies to a spouse or registered domestic partner enrolled in medical benefits. A subscriber must attest for his/her spouse/partner.*

- a. When employee is eligible to enroll a spouse or registered domestic partner in PEBB medical
- b. During annual open enrollment
- c. When there is a change to the spouse or registered domestic partner's employer-based group medical insurance

### **Current Data—Dental**

1. If the dependent is enrolling in dental coverage, enter a "Y" in the Dental Enrolled field. If the dependent is not enrolling in dental coverage, enter an "N."
2. Enter the dependent's effective date of enrollment. (The enrollment date is the same as the newly eligible employee.) If the dependent is not enrolling in coverage, leave the field blank.
3. If the dependent is enrolling in dental coverage, enter code **01** (Newly eligible member) in the Reason field. If the dependent is not enrolling in dental coverage, enter code **49** (Not Elected) in the Reason field.
4. If the employee has selected a managed care dental provider, enter the dentist or clinic code in the Dental/Clinic field.
5. If the dependent's address is different from the subscriber, enter the dependent's address.
6. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.
7. Repeat enrollment steps for each dependent listed on the enrollment form. *Note: For dependents other than a spouse/registered domestic partner, leave the Spousal field blank. When the attestation record is saved, the Spousal Attestation field will not display.*

## *Extended Dependents and Dependents with Disabilities*

If the employee is adding an extended dependent or a dependent with disabilities, age 26 or older, appropriate certification documents are required. A copy of the *Extended Dependent Certification* or the *Certification of Dependent with Disabilities* form must be submitted to HCA for processing.

For extended dependents or dependents with disabilities, age 26 or older, enrollment will pend for HCA approval. The enrollment code will change to an “N” and the reason code to an “11” when record is saved. The dependent will not be enrolled until HCA verifies the dependent.

## *Dependent Verification*

- If the employee is adding a spouse, valid dependent verification documents are required. In addition, a *Declaration of Tax Status* form is required if the spouse does not qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).
- If the employee is adding a registered domestic partner, a *Declaration of Tax Status* form and dependent verification documents are required.
- If the employee is adding children under the age of 26, dependent verification documents are required.

Send dependent verification to HCA through [FUZE](#). HCA will process the verification documents and enrollment will be activated once verified. **If the verification documents are not submitted by the enrollment deadline, the dependent will not be enrolled on the employee’s account.** The employee may enroll the dependent during the next annual open enrollment or during a special open enrollment that allows the employee to add dependents

## Enroll Employee in Health and Dental Coverage

```

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

SOC SEC NUMBER: 000 00 1111      ID#: 000004430      NAME : CITIZEN, JOHN Q
ELIGIBILITY TYPE      : Y      EMPLOYER CONTRIBUTION : 662.00

===== HEALTH INSURANCE =====
HEALTH ENR: Y      CHG DT:      REASON: 01      NEWLY ELIGIBLE MEMBER
EFF DT: 02 02 2015  END DT:      PENDING:      EFF DT:
CARRIER: U      UNIFORM ME      NEW CARRIER:      EFF DT:
MEDICARE A: N      MEDICARE B: N      CLINIC ID:
TOBACCO: N      EFF DT: 02 02 2015  PENDING:      EFF DT:
WELLNESS:      ATTESTATION DT:      HICN:

SURCHARGE - TOBACCO:      0.00      SPOUSAL:      0.00
PREM EFF DT: 02 02 2015  PREMIUM - EMPLOYEE:      84.00      TOTAL:      84.00

===== DENTAL INSURANCE =====
DENTAL ENR: Y      CHG DT:      REASON: 01      NEWLY ELIGIBLE MEMBER
EFF DT: 02 02 2015  END DT:      PENDING:      EFF DT:
CARRIER: 1      UNIFORM DE      NEW CARRIER:      EFF DT:
CLINIC ID:
PREM EFF DT: 02 02 2015  PREMIUM - EMPLOYEE:      0.00

NEXT FUNCTION: A 45 TYPE: u SSA: 000 00 1111 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

4B :00.1 23/28

```

### Health Insurance

1. The Health Enrolled field defaults to “Y” if the eligibility code entered on the A.41 screen is “Y.” If the employee wants to waive medical coverage, enter a “D.”
2. Enter the effective date of the health plan enrollment in the Change Date field. (See [PEBB Eligibility Manual](#) (page 14) for eligibility effective date information.)
3. If the employee is enrolling in medical, leave the Reason field blank. If the employee is waiving medical, enter **40 (Employee Waives)** in the Reason field.
4. If the employee is enrolling in medical, enter the health plan carrier code. Valid codes are available in [chapter 1](#) (page 46).

*Note:* PAY1 will automatically assign a “W” after a subscriber’s medical plan code, which indicates the subscriber earned the wellness incentive. **You do not need to key the wellness code, even if an employee changes plans mid-year.**

*Note:* If the subscriber’s home address is not within the service area for the carrier code entered, you will receive an error message. Select F4 to cancel the transaction and verify the carrier’s service area. If the message was received in error, contact HCA through [FUZE](#).

If the health plan carrier code remains at “Z” for more than 90 days, the system will automatically enroll the employee only (i.e. no dependents) in the Uniform Medical Plan Classic.

### *Tobacco Use Premium Surcharge*

1. Tab to the Tobacco field. If the employee attested to using tobacco, enter a “Y.” If the employee attested to not using tobacco, enter a “N.” If the employee did not attest or did not submit a complete attestation form, enter a “D.” (This will default the employee and he/she will incur the premium surcharge.)

*Note: The tobacco use premium surcharge only applies to subscribers enrolled in medical benefits.*

2. Enter the effective date. For newly eligible employees who attest within 31 days, the effective date is the same as medical and dental.
3. Tab past the Wellness field. **Do not key in this field.** If an employee earned the 2015 SmartHealth wellness incentive for 2016, a “Y” code will show in this field. If they did not earn the incentive, the field will be blank.
4. Tab past the Attestation Date field. **Do not key in this field.** If an employee earned the SmartHealth wellness incentive for 2016, the date their incentive was earned will show. If they did not earn the incentive, the field will be blank.

*Note: Any employee hired January 1, 2016, and after is not eligible to receive the 2016 SmartHealth wellness incentive. Direct the employee to the SmartHealth website at [www.smarthealth.hca.wa.gov](http://www.smarthealth.hca.wa.gov) and the employee can begin earning points toward the incentive for the 2017 year.*

### *Dental Insurance*

1. The Dental Enrolled field defaults to “Y” if the eligibility code entered on the A.41 screen is “Y.” Do not change this field; **employees cannot waive dental coverage.**
2. Enter the effective date of the dental plan enrollment in the Change Date field. (See [PEBB Eligibility Manual](#) (page 14) for eligibility effective date information.)
3. Enter the Carrier code. Valid codes are available in [chapter 1](#) (page 46). If the dental carrier code remains at “9” for more than 90 days, the system will automatically enroll the employee only (i.e. no dependents) in the Uniform Dental Plan.
4. If the employee selected a managed-care provider, enter the Dental Clinic ID.
5. On the command line, enter A.44 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted.

*Note: If you receive an error message indicating a problem with dual enrollment, see the*

Dual Enrollment section of this chapter.

6. On the command line, enter A.45 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.45 screen displays in update mode.

## Enroll Employee in Life Insurance

The following instructions are written with the assumption that the employee has submitted the Life Insurance Enrollment form no later than 60 days after the date of eligibility.

```

***** A.45 - LIFE COVERAGE *****                               MAPA451

SOC SEC NUMBER : 000 00 1111   ID#: 000004430   NAME : CITIZEN, JOHN Q
AGENCY: 107 SUB AGENCY:                LIFE ENROLLED : Y
ELIGIBILITY TYPE : Y                ENR EFF/END DATE: 02 02 2015
=====PART=====  =====CURRENT=====  =====DESIRED=====  ==PEND/APPROVAL==
      ENR COV   EFF DATE  ENR COV   EFF DATE        IND   DATE
EMPLOYEE BASIC   : Y           02 02 2015
EMPLOYEE SUPPL   : N           Y 250 03 01 2015      F 02 20 2015
DEPENDENT BASIC  : N           Y      03 01 2015      F 02 20 2015
SPOUSE BASIC     : N           Y      03 01 2015      F 02 20 2015
SPOUSE SUPPL     : N           Y 50 03 01 2015      F 02 20 2015
SUPPLEMENTAL AD&D: N           Y 250 03 01 2015      F 02 20 2015
AD&D W/DEPENDENTS: N         Y      03 01 2015      F 02 20 2015

      RETIREE      : N

PREMIUM EMPLOYEE :           EMPLOYEE AGE : 39      SPOUSE AGE: 34
SMOKER INDICATOR :           Y  SMOKER EFF DATE: 02 20 2015 ACCEL LIFE: N

NEXT FUNCTION: A 46 TYPE: I SSA: 000 00 1111 AGY: 107 SUB:      PAY ACTION
INQUIRY ONLY   ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

4B  :00.1 23/19
  
```

If the employee selected the guaranteed issue amount or less, follow the instructions under the [Employee Selected the Guaranteed Issue Amount or Less](#) section. If the employee selected more than the guaranteed issue amount, follow the instructions for [Employee Selected the Guaranteed Issue Amount or Less](#) AND [Employee Selected More Than the Guaranteed Issue Amount](#).

### *Employee Selected the Guaranteed Issue Amount or Less*

**Guaranteed issue amounts, if requested within 60 days of initial eligibility, include:**

- Employee supplemental up to \$250,000 if the employee is under the age of 60 or up to \$100,000 if the employee is age 60 or older
  - Spouse supplemental up to \$50,000
1. The Current column displays the employee's enrollment in employee basic. This field is automatically set to "Y" for all active employees with an eligibility code of "Y." *Note: Basic must be enrolled before optional coverage may be entered. A*

- subscriber cannot waive employee basic.*
2. If the employee selected **employee supplemental** coverage, enter a “Y” in the Desired column.
  3. Enter the amount (or the requested guaranteed issue amount, based on the employee’s age) in the Desired column. The amount of coverage entered will be converted to thousands. (E.g., if the employee requested \$50,000, enter 50 in the Coverage field.) **Note:** *Employee supplemental must be a minimum of \$10,000 in increments of \$10,000.*
  4. Enter the effective date. The effective date is the first of the month following the signature date on the form.
  5. If the employee selected **dependent (child) basic** coverage, enter a “Y” in the Desired column.
  6. Enter the effective date. The effective date is the first of the month following the signature date on the form.
  7. If the employee selected **spouse basic** coverage, enter a “Y” in the Desired column. **Note:** *A spouse record must exist to request this coverage.*
  8. Enter the effective date. The effective date is the first of the month following the signature date on the form.
  9. If the employee selected **spouse supplemental** coverage, enter a “Y” in the Desired column. **Note:** *A subscriber must elect spouse basic before enrolling in spouse supplemental coverage.*
  10. Enter the amount in the Desired column. If employee requested the guaranteed issue amount, enter 50. The amount of coverage entered will be converted to thousands. (E.g., if the employee requests \$25,000, enter 25 in the Coverage field.) **Note:** *If the amount requested by the employee is greater than \$50,000, see the [Employee Selected More Than Guaranteed Issue Amount](#) section below. Amount must be in \$5,000 increments and cannot exceed one-half of the employee supplemental amount.*
  11. Enter the effective date. The effective date is the first of the month following the signature date on the form.
  12. If the employee selected **supplemental accidental death and dismemberment (AD&D)** coverage, enter a “Y” in the Desired column.
  13. Enter the amount in the Desired column. The amounts of coverage entered will be converted to thousands. (E.g., if the employee requested \$50,000, enter 50 in the Coverage field.) **Note:** *AD&D must be a minimum \$25,000 up to a maximum of \$250,000, in \$25,000 increments.*
  14. Enter the effective date. The effective date is the first of the month following the signature date on the form.

15. If the employee elected to include **AD&D with dependents**, enter a “Y” in the Desired column.
16. Enter the effective date. The effective date is the first of the month following the signature date on the form.
17. If the employee is a retiree/rehire and has elected to continue retiree coverage, enter a “Y” in the Desired field. *Note: If the retiree declines enrollment in retiree life coverage while eligible for PEBB-sponsored active coverage, the retiree may have the retiree life insurance reinstated when they retire again.*
18. Enter the effective date. The effective date is the first of the month following the termination date of self-pay coverage. **There cannot be a gap in retiree life insurance coverage.**
19. If both the employee and spouse or registered domestic partner do not use tobacco products, key the Smoker Indicator as “N.” If either the employee or spouse or registered domestic partner use tobacco products, key the Smoker Indicator as “Y.” Default subscriber to “Y” if the employee does not indicate a tobacco use status in his/her enrollment form.
20. Enter the effective date of the smoker status. This is the first day of the month following the signature date on the form. *Note: The non-smoker effective date may not be a date prior to the effective date of coverage and the date may not be more than one process month into the future.*
21. On the command line, enter A.45 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the requested coverage or guaranteed issue amounts have moved to the Current columns.

*Note: If the effective date is a future date, the coverage entered above will move to the Pend/Approval column until invoicing is completed. The coverage requested in excess of the guaranteed issue amounts cannot be keyed until the guaranteed issue coverage is current. You may have to wait until invoicing runs to enter the additional coverage.*

### *Employee Selected More Than the Guaranteed Issue Amount*

If the employee applied for more than the guaranteed issue amount, please follow the instructions in the preceding section, [Employee Selected the Guaranteed Issue Amount or Less](#), then follow instructions for this section.

The guaranteed issue amount must be keyed first and listed in the Current column. Then the additional amount may be pended for carrier approval. An *Evidence of Insurability* form must be completed by the employee and submitted to ReliaStar for amounts in excess of the guaranteed issue amount. Employers must send a copy of the enrollment form to ReliaStar when approval is required.

1. On the command line, enter A.45 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.45 screen displays in update mode.
2. If the employee requested **employee supplemental** insurance in excess of the guaranteed issue amount (\$250,000 for employees under the age of 60 or \$100,000 for employees age 60 or older), enter the total amount requested in the Desired column.
3. Enter the effective date. The effective date is the first of the month following the signature date on the form.
4. If the employee requested **spouse supplemental** insurance in excess of \$50,000, enter the total amount in the column. *Note: Amount must be in \$5,000 increments and cannot exceed one-half of the employee supplemental amount.*
5. Enter the effective date. The effective date is the first of the month following the signature date on the form.
6. On the command line, enter A.45 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted. An indicator code and pending date will display in the Pend/Approval column for any employee supplemental and spouse supplemental awaiting approval from ReliaStar. Only the amounts over the guaranteed amounts pend.
7. Submit a copy of the enrollment form to ReliaStar Life Insurance Company, P.O. Box 20, Route 7325, Minneapolis, MN, 55440-0020. Advise the employee to submit the *Evidence of Insurability* form directly to ReliaStar.
8. On the command line, enter A.46 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.46 screen displays in update mode.

## Enroll Employee in LTD

```

***** A.46 - LTD COVERAGE *****
MAPA461

SOC SEC NUMBER: 000 00 1111   ID#: 000004430   NAME : CITIZEN, JOHN Q

AGENCY      : 107                LTD ENROLLED   : Y
SUB AGENCY  :                    ENR EFF/END DATE: 02 02 2015

== PART ==  == CURRENT ==  == DESIRED ==  == PEND/APPROVAL ==
            ENR COV  EFF DATE  ENR COV  EFF DATE  IND  DATE

BASIC      :  Y          02 02 2015

OPTIONAL    :  N          Y  090  03 01 2015  F  02 20 2015

PREMIUM EMPLOYEE: .00           ELIM. PERIOD PERCENT:
RETIREMENT SYSTEM: OTHERS

NEXT FUNCTION: A 46 TYPE: I SSA: 000 00 1111 AGY: 107 SUB: PAY ACTION:
INQUIRY ONLY  ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

4B  :00.1 23/28
  
```

1. The Current column displays the employee's enrollment in basic coverage. This field is automatically set to "Y" for all active employees with an eligibility code of "Y." *Note: There must be a "Y" in this field before optional coverage may be entered.*
2. If the employee has selected optional LTD coverage, enter a "Y" in the Desired Enrollment column.
3. Enter the desired waiting period in the Desired Coverage column. Valid waiting periods are: 30, 60, 90, 120, 180, 240, 300, or 360 days.
4. Enter the effective date for the employee's optional coverage. The effective date is the first day of the month following the signature date on the enrollment form.
5. On the command line, enter A.46 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted. The optional coverage will move to the Current column as long as the employee signed and dated the form no later than 31 days after the date of eligibility. After 31 days, the optional coverage will move to the Pend/Approval column. If the effective date is a future date, the coverage entered will not move to the Pend/Approval column until invoicing is completed.

***Note:** If the newly eligible employee was previously enrolled in the insurance system, optional coverage may pend in error. If carrier approval is not required, update the record again by replacing the “P” in the Pend/Approve column with an “A” for approved. Update the record. This is a known system error.*

If you received the *Evidence of Insurability (EOI)* form from the employee, submit the EOI form to Standard Insurance Company, Attn: Medical Underwriting Dept., 900 SW 5<sup>th</sup>, Portland, OR 97204-1235. ***Note:** The employee may submit the Evidence of Insurability form directly to Standard Insurance.*

## Correct a Social Security Number

### *Subscriber's SSN*

Remember to correct the subscriber's SSN in HRMS and in PAY1 on the same day to keep the systems in sync.

1. Log into the PAY1 system.
2. Access the subscriber's A.01 screen in Update mode.
3. Tab down to the New Social Security Number field. Enter the correct social security number.
4. On the command line, enter A.01 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify changes are accepted.

### *Dependent's SSN*

1. Log into the PAY1 system.
2. Access the A.01 screen in Inquiry mode (“I” in the Type field).
3. On the command line, enter A.43 in the Next Function field. If only one dependent exists, the A.43 screen will display; if multiple dependents exist, the A.42 screen will open.
4. If the A.42 screen opens, enter a “U” next to the dependent that needs updating. Select enter. The A.43 screen opens.
5. On the command line, enter A.43 in the Next Function field. Enter “U” in the Type field. Select enter.
6. Tab down to the New Dependent Social Security Number field.
7. Enter the correct social security number.
8. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the social security number has been corrected.

## Plan Changes

Plan changes may be made during annual open enrollment and if the employee has a qualifying event that triggers a special open enrollment. For information on qualifying events, refer to [Addendum 45-2A](#).

### *Medical Plan Changes*

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter.

*Note: If the subscriber is only changing dental, skip to the **Dental Plan Changes** section below.*

4. If the subscriber is changing medical plans, tab to the Health Change Date field. Enter the date the change is effective.
5. Enter the code in the New Carrier field. Valid codes are available in [chapter 1](#) (page 46).

*Note: PAY1 will automatically assign a "W" after a subscriber's medical plan code, which indicates the subscriber earned the 2015 wellness incentive. **You do not need to key the wellness code**, even if an employee changes plans mid-year.*

*Note: A "W" displayed next to a carrier name indicates an online annual open enrollment change through the PEBB website.*

6. If the subscriber is not changing dental plans, change the command line to A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

### *Dental Plan Changes*

1. Tab to the Dental Change Date field. Enter the effective date.
2. Enter the code in the New Carrier field. Valid codes are available in [chapter 1](#) (page 46). *Note: A "W" displayed next to a carrier name indicates an online annual open enrollment change through the PEBB website.*
3. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

*Note: 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 with an effective date prior to the Lower Limit Date require HCA approval. Please submit a request for approval to HCA through [FUZE](#). Do not proceed with changes while using an incorrect effective date. On the command line, enter A.44 in the Next Function Field. Enter "I" in the Type field. Select F4 to cancel.*

## Add Dependents after Initial Enrollment

Dependents may be added during annual open enrollment or if the employee or dependent has a qualifying event that triggers a special open enrollment (see Policy 45-2, [Addendum 45-2A](#)). Employees must submit dependent verification documents when adding a new dependent. Employees must also re-attest to the tobacco use premium surcharge for themselves and attest for each new dependent added to medical coverage, age 13 and older. The employee must also attest to the spousal premium surcharge, if covering their spouse or registered domestic partner in medical.

### *Enroll Spouse/Partner in Medical/Dental*

Subscribers have **60 days** from the date of marriage or registration of their partnership to enroll a new spouse or registered domestic partner. A *Declaration of Tax Status* form is required when adding a dependent who does not qualify as a dependent for tax purposes. Proof of loss is not required.

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.41 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.41 screen displays in Update mode.
4. Tab to the Marital Status field. Change the "S" (Single) to an "M" (Married).
5. Tab to the Marital Status Date field. Enter the date of marriage or date of registration of the partnership.
6. On the command line, enter A.41 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.
7. On the command line, enter A.43 in the Next Function field. Enter "A" in the Type field. Select Enter. The A.43 screen displays in Add mode.
8. Follow instructions in the preceding section, [Add an Eligible Spouse and/or Dependents](#).

## *Enroll Spouse/Partner in Life*

1. If the subscriber wishes to enroll their spouse/partner in life insurance, follow instructions in the preceding section, [Employee Selected the Guaranteed Issue Amount or Less](#) and enroll spouse accordingly in spouse basic, spouse supplemental, or supplemental AD&D.
2. If the spouse has selected more than the guaranteed amount, follow instructions in the preceding sections, [Employee Selected the Guaranteed Issue Amount or Less](#) AND [Employee Selected More Than the Guaranteed Issue Amount](#). Enroll spouse accordingly in spouse supplemental or supplemental AD&D.

*Note: The spouse must be first enrolled in spouse basic to enroll in spouse supplemental. The spouse supplemental amount cannot exceed one-half of the employee supplemental amount.*

## **New Dependent Child**

A subscriber can enroll a newborn, adopted child, or a child the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption. If adding the child increases the premium (e.g., if this is the first dependent child on the account), the subscriber **must** submit the *Employee Enrollment/Change* form along with dependent verification **no later than 12 months after** the date of the birth, adoption, or the date legal obligation is assumed for total or partial support in anticipation of adoption.

*Note: Subscribers should submit their enrollment form and dependent verification as soon as possible, as subscribers will pay back premiums to the child's date of birth, adoption, or assumed legal obligation. (E.g., if a child is born October 1 but paperwork is not submitted until September 1, the subscriber will pay 11 months of back premiums.)*

### **Collecting premiums for enrolled newborns and newly adopted children:**

**Newborns:** A full month's premium is charged for enrolled newborns with a birth date prior to the 16<sup>th</sup> of the month. Newborns with a birth date on or after the 16<sup>th</sup> of the month are not charged a premium until the following month.

**Adoptions:** A full month's premium is charged for enrolled adopted dependents with an assumed legal obligation date or adoption date prior to the 16<sup>th</sup> of the month. Adopted dependents with an assumed legal obligation date or adoption date on or after the 16<sup>th</sup> of the month are not charged a premium until the following month.

*Note: Subscribers may enroll additional dependent children (any age) at no cost to the subscriber. The premium paid for the first child is what the subscriber will pay for all dependent children. To enroll additional children, subscriber must wait for annual open enrollment or a special open enrollment event.*

### *Enroll New Child in Medical/Dental Coverage*

- Follow instructions in the preceding section, [Add an Eligible Spouse and/or Dependents](#).

### *Enroll New Child in Life*

- If the subscriber wishes to enroll their child in Life Insurance, follow instructions in the preceding section, [Employee Selected the Guaranteed Issue Amount or Less](#) and enroll child accordingly in dependent (child) or AD&D with dependents.
- If the subscriber has selected more than the guaranteed amount, follow instructions in the preceding sections, [Employee Selected the Guaranteed Issue Amount or Less](#) AND [Employee Selected More Than the Guaranteed Issue Amount](#). Enroll child accordingly in dependent (child) or AD&D with dependents.

## Pending Coverage

### *Change a Pending Carrier*

1. Log into the PAY1 System.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter. The A.44 screen displays in Update mode.
4. If the medical carrier code needs to be changed, tab to the Health Change Date field and re-key the pending date.
5. Key the new code in the Health Carrier field.
6. If the dental carrier code needs to be changed, tab to the Dental Change Date field and re-key the pending date.
7. Key the new code in the Dental Carrier field.
8. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

### *Erase a Pending Carrier*

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter. The A.44 screen displays in Update mode.

4. If the pending medical carrier code needs to be erased, tab to the Health Carrier field. Enter an asterisk (\*).
5. If the pending dental carrier code needs to be erased, tab to the Dental Carrier field. Enter an asterisk (\*).
6. On the command line, enter A.44 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted. When pending coverage is erased, the fields will be populated with the previous values.

### *Erase a Pending Waiver or Enrollment*

1. Log into the PAY1 system.
2. Access the employee’s record.
3. On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Select enter. The A.44 screen displays in Update mode.
4. Tab to the Subscriber Enrolled field. Change the “Y,” “N,” or “D” to an asterisk (\*).
5. On the command line, enter A.44 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted. *Note: If there is pending enrollment on the A.41 screen, the pending enrollment on the A.55 history screen will not be erased.*

## Dual Enrollment

Dual enrollment in PEBB coverage is not permitted for a subscriber or a dependent. Refer to [WAC 182-12-123](#) and Policy 45-2, [Addendum 45-2A](#) for more details.

When a subscriber or dependent is added to PAY1, the system will search for existing enrollment, referencing the social security number entered. If the subscriber or dependent is already enrolled in PEBB medical or dental coverage, enrollment of coverage will not be allowed. The following message displays in PAY1: “PEBB dual enrollment not allowed—contact subscriber for resolution.”

### *Employee Dual Enrollment*

*(Dependent enrolled on a PEBB account who becomes eligible for benefits as an employee.)*

### *Important Elements of Employee Dual Enrollment*

- Defer to the new employee to determine desired enrollment.
- The eligible employee must enroll in dental (if employer participates in PEBB dental), but may choose to:

- Enroll in medical, or
  - Waive medical and remain enrolled in medical as a dependent on the other account.
  - If the employee does not submit forms within 31 days of becoming eligible for benefits, the employee is defaulted to Uniform Medical Plan Classic and Uniform Dental Plan ([WAC 182-12-197](#)).
- Both employers and HCA must coordinate to prevent a gap in coverage for the new employee when the employee switches coverage to their new employer.

### *Process to Correct Employee Dual Enrollment Issue*

1. When the dual enrollment message displays in PAY1, cancel the transaction (F4).
2. Conduct a dependent search in PAY1 to identify the subscriber your employee is enrolled under as a dependent and the subscriber's employer. (Instructions for a dependent search are included in [chapter 1](#), page 61).
3. Contact the employer to request the release of the dependent—your employee. (The [Agency Contact List](#) is available for state agencies.) If you do not know who to contact, send a [FUZE](#) to Outreach and Training to request the contact information.
4. Coordinate with the other employer.
  - a. Notify the employer of your employee's medical and dental elections (e.g. remove from medical and dental or remove from dental only). ***No form is required by the other employer to remove your employee from their employee's account.***
  - b. Provide the coverage end date (last day of the month before the employee's coverage begins) to avoid a gap in coverage.
  - c. If the end date is beyond the lower limit date, contact Outreach and Training. **Do not enter a date as far back as you can and then ask Outreach and Training to correct the date.** This practice results in billing issues.
  - d. Do not request that your employee be released from other coverage until you have (1) received the enrollment forms or (2) the employee is beyond the 31-day eligibility period and will be defaulted.
5. When the employer releases your employee from dependent coverage, contact Outreach and Training through FUZE to set up the A.41 screen.
6. Enroll or default the employee as appropriate. If the employee is defaulted, notify the employee of the action taken.

## *Dependent (Spouse/Children) Dual Enrollment*

*(Employee requesting enrollment for a dependent already enrolled on another PEBB account as a dependent or agency receives a court order or Medical Support Notice.)*

### *Important Elements of Dependent Dual Enrollment*

- Defer to the new employee to determine desired enrollment. There must also be coordination with the other PEBB subscriber.
  - The subscriber where the dependent is currently enrolled must submit an enrollment form to their employer to remove the dependent from their account within 60 days of the special open enrollment qualifying event (Change in Employment Status; see Policy 45-2, [Addendum 45-2A](#)).
  - The dependent may be enrolled in medical only, dental only or both medical and dental.
- The removal date must coincide with the dependent's effective date. Both employees must coordinate to prevent a gap in coverage for the dependent when he/she switches coverage to the new employee's account.
- **Do not term a dependent if they are currently enrolled on an account due to a court or Support NMSN order.** Refer the employee back to the Support Enforcement office.

### *Process to Correct Dependent Dual Enrollment Issue*

1. When the dual enrollment message in PAY1 displays, cancel the transaction (F4).
2. Conduct a dependent search in PAY1 to identify the employee the dependent is enrolled under and the employee's employer. (Instructions for a dependent search are included in [chapter 1](#), page 61).
3. Coordinate with the other employer:
  - a. Notify the employer of your employee's medical and dental elections for the dependent (e.g. remove from medical and dental or remove from dental only). An enrollment form is required by the other employer to remove the dependent from the employee's account within 60 days of the qualifying event. If you do not know who to contact (the [Agency Contact List](#) is available for state agencies), send a FUZE to Outreach and Training and request the contact information.
  - b. Provide the coverage end date (last day of the month before the dependent's coverage begins) to avoid a gap in coverage. Note: The dependent's effective date would be the same as the newly eligible employee.

- c. If the end date is beyond the lower limit date, contact Outreach and Training. **Do not enter a date as far back as you can and then ask Outreach and Training to correct the date.** This practice results in billing issues.
4. When the employer releases the dependent from dependent coverage, contact Outreach and Training through FUZE if you are unable to set up the A.43 screen.

## Waiving Coverage

Employees may waive medical coverage during annual open enrollment or during a special open enrollment if they have other employer-based group medical insurance, TRICARE, or Medicare. Refer to [Addendum 45-2A](#) for information on qualifying events.

### *Employee*

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.44 screen displays in Update mode.
4. Tab to the Health Insurance Subscriber Enrolled field. Enter a "D" for waived.
 

*Note: When the record is updated with the waive code "D," the employee's enrolled dependent's medical coverage will automatically be terminated ("N") on the A.43 screen. Dependents cannot be enrolled in medical coverage if the employee has waived coverage.*
5. Enter the effective date of the health plan waiver. For new employees, enter the insurance effective date. For currently enrolled employees, refer to the special open enrollment [Addendum 45-2A](#).
6. Enter code **40 (Waived)** in the Health Enrollment Reason field.
7. The Dental Insurance Subscriber Enrolled field defaults to "Y" (yes) if the eligibility code entered on the A.41 screen is "Y." **Do not change this field; employees cannot waive dental coverage.**
8. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.

### *Spouse/Partner and/or Dependents*

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.43 in the Next Function field. Enter "I" for Inquiry in the Type field. Select 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.

4. If the A.42 screen displays, place a “U” (update) next to the dependent to be removed from coverage. Select Enter. The A.43 screen will display for that dependent.
5. To remove the dependent from medical coverage, enter an “N” in the Health Enrolled field on the A.43 screen.
6. Enter the effective date. *Note: If a newly eligible employee’s dependents are not enrolling in medical coverage, do not enter a date. For currently enrolled dependents waiving medical coverage, refer to the special open enrollment [Addendum 45-2A](#) or the loss of eligibility [Addendum 19-1A](#).*
7. Enter code **40 (Dependent Voluntarily Terms)** in the Reason field.
8. To remove the dependent from dental coverage, enter an “N” in the Dental Enrolled field.
9. Enter the effective date. *Note: If a newly eligible employee’s dependents are not enrolling in dental coverage, do not enter a date. For currently enrolled dependents waiving dental coverage, enter the last day of the month in which the form was signed.*
10. Enter code **40 (Dependent Voluntarily Terms)** in the Reason field.
11. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify changes are accepted.
12. Repeat the above steps for every dependent to be removed from coverage.

## Enrolling in Medical/Dental after Waiving Coverage

Employees may re-enroll during annual open enrollment or during a special open enrollment. Refer to [Addendum 45-2A](#) for information on qualifying events.

Do not re-enroll medical/dental coverage outside of annual open enrollment. Please send a copy of the enrollment form and proof of loss to HCA through [FUZE](#) for processing.

### *Employee*

1. Log into the PAY1 system.
2. Access the employee’s record.
3. On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Select Enter. The A.44 screen displays in Update mode.
4. Tab to the Subscriber Enrolled field and enter a “Y.”
5. Enter the effective date in the Health Change Date field.

6. Enter code **10 (Return from Waive)** in the Reason field. *Note: This function is only available for a January 1 effective date (annual open enrollment). Outside of annual open enrollment, send a copy of the enrollment form and proof of loss to HCA through [FUZE](#) for processing.*
7. Enter the code for the Health Carrier. Valid codes are available in [chapter 1](#) (page 46).  
  
*Note: PAY1 will automatically assign a "W" after a subscriber's medical plan code, which indicates the subscriber earned the 2016 wellness incentive. **You do not need to key the wellness code**, even if an employee changes plans mid-year.*
8. Enter the employee's tobacco use premium surcharge attestation.
9. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes were accepted.

### *Spouse/Partner and/or Dependents*

Do not re-enroll medical/dental coverage outside of annual open enrollment. Please send the enrollment form and proof of loss to HCA for processing through [FUZE](#). If the dependent has never been verified, include valid dependent verification documents.

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select 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.
4. If the A.42 screen displays, enter a "U" (update) next to the dependent enrolling in coverage. Select Enter. The A.43 screen will display for that dependent.
5. If the dependent is re-enrolling in medical, tab to the Current Enrollment Health field and enter a "Y."
6. Enter the effective date.
7. Enter code **10 (Return from waive)** in the Reason field.
8. Enter the dependent's tobacco use and spousal premium surcharges attestations, if applicable.
9. If the dependent is enrolling in dental, tab to the Current Enrollment Dental field and enter a "Y."
10. Enter the effective date.
11. Enter code **10 (Return from waive)** in the Reason field.
12. If the employee selected a managed care plan, enter the provider or clinic code.

13. On the command line, enter A.43 in the New Function field. Enter "I" in the Type field. Select F10 to update the record. Verify changes are accepted.