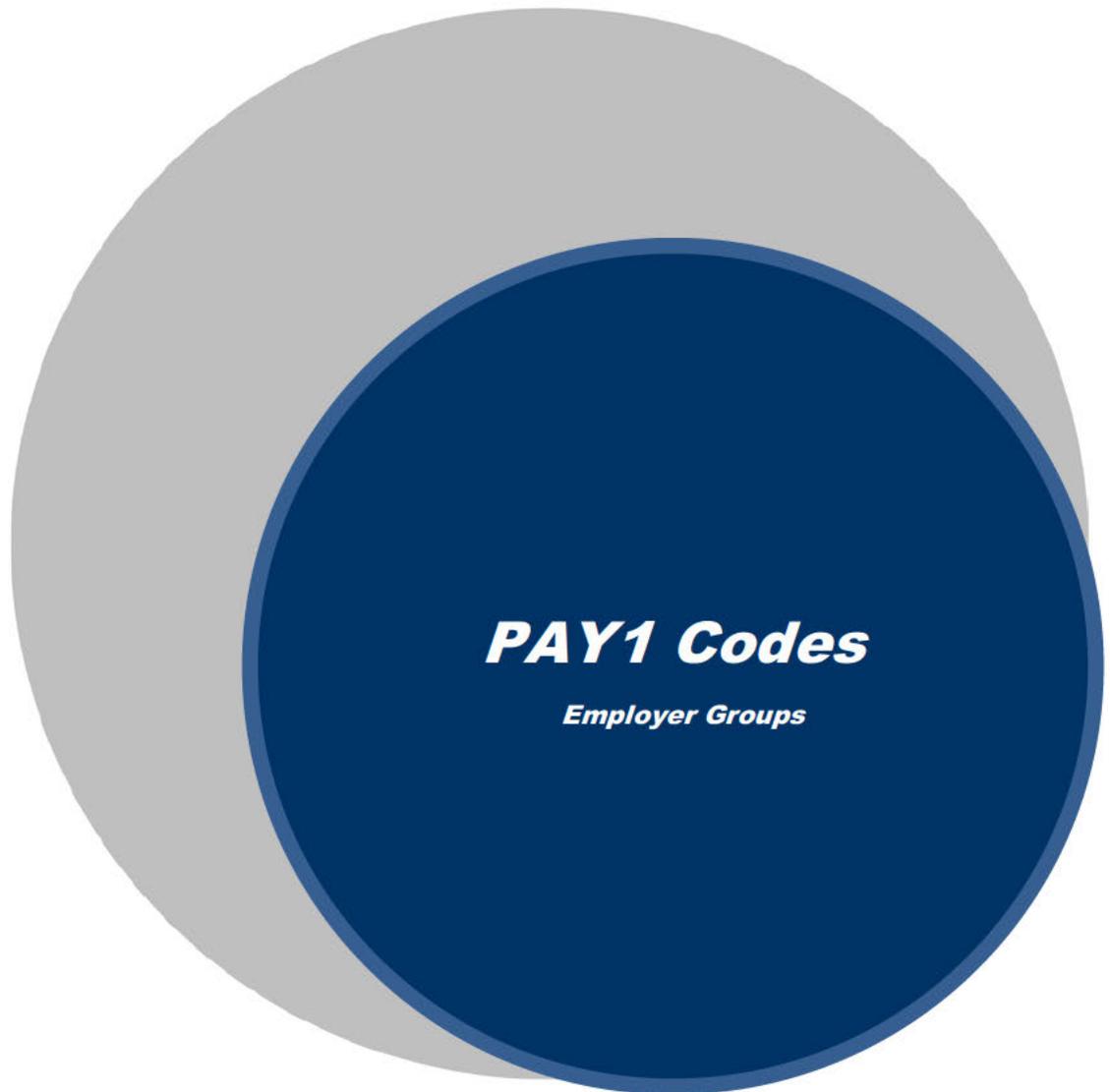


# ***Appendix***

***Employer Groups***

# Appendix I



## Reason Codes Chart

### ***Agency Enrollment Reasons:***

Reason Code:	Enrollment Reason:	Available for Screen:
01	Newly eligible member	A.41; A.43
03	Retiree rehire	A.41
04	Return from layoff	A.41
05	Return from LWOP	A.41
06	Reinstatement	A.43
07	State-Registered Domestic Partnership	A.43
08	Marriage	A.43
10	Return from waive/defer	A.41; A.43; A.44 <i>(HCA only, except during annual open enrollment)</i>
49	Not Elected	A.43

### ***Agency Termination Reasons:***

Reason Code:	Termination Reason:	Screen Availability:
31	Employment ending/ineligible position	A.41
32	Termination—gross misconduct	A.41
33	Approved LWOP	A.41
34	Layoff	A.41
35	Death	A.41, A.43
36	Retirement	A.41
37	Employer group left	A.41 <i>(HCA only)</i>
38	Applying for disability retirement	A.41
39	Voluntary termination of coverage	A.41, A.43 <i>(HCA only)</i>
40	Employee Waives/Dependent Voluntarily Terms	A.43, A.44
41	Dependent Loses Eligibility	A.43
42	Divorce/dissolution	A.41, A.43
44	Defer retiree coverage	A.41, A.43 <i>(HCA only)</i>
46	Non-payment	A.41 <i>(HCA only)</i>
47	Self-pay end date reached	A.41 <i>(HCA only)</i>
48	Defer due to Medicare/Medicaid	A.41, A.43 <i>(HCA only)</i>
49	Not Elected <i>(Medical Only groups)</i>	A.44
50	Faculty/seasonal between eligibility	A.41
51	USERRA or Educational Leave	A.41
52	Change of eligibility type	A.41 <i>(HCA only)</i>
53	Reversion not due to layoff	A.41
54	Termination for dual coverage	A.43 <i>(HCA only)</i>

# **Appendix II**



## ***Statements and Reports***

***Employer Groups***

**Sample: Proof of Loss**

<b>H.C.A.</b>	<b>CERTIFICATE OF CREDITABLE COVERAGE</b> May 22, 2008	
	WASHINGTON STATE HEALTH CARE AUTHORITY [REDACTED]	
John Doe [REDACTED]		
<p><b>IMPORTANT:</b> This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the six-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll. The individual(s) listed below have had PEBB medical insurance coverage for the following periods of time:</p>		
<hr/>		
<u>NAME</u>	<u>SOCIAL SECURITY</u>	<u>BIRTHDATE</u> <u>RELATIONSHIP</u> <u>BEGIN DATE</u> <u>END DATE</u>
John Doe	[REDACTED]	10-11-1955   Subscriber   05-01-2003   05-30-2008
Jane Doe	[REDACTED]	09-13-1950   Spouse   05-01-2003   05-30-2008
<hr/>		
Please review this document for accuracy. If you have questions, please call the Health Care Authority at [REDACTED] or toll-free at 1-800-200-1004.		
HCA 50-609 (5/97)	[REDACTED]	[REDACTED]

**Sample: Statement of Insurance**

Employee may print Statement of Insurance (SOI) at any time through [My Account](#).

## Sample: Automatic Terminations Report

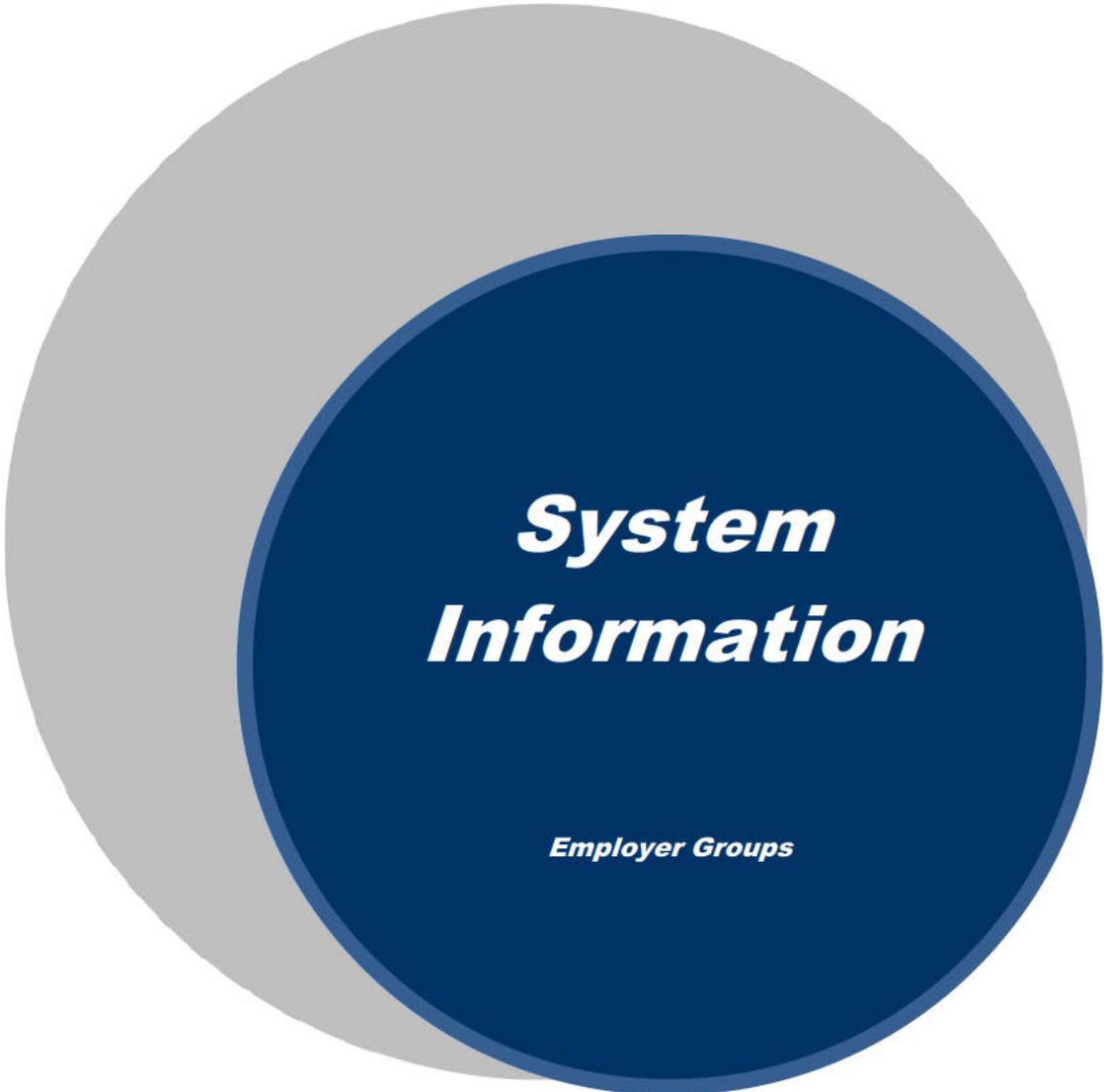
REPORT NO: [REDACTED]	STATE OF WASHINGTON		RUN DATE: 11/30/12	
RUN CYCLE: CYCLE 03	HEALTH CARE AUTHORITY		PAGE: 1	
SCHEDULED AUTOMATIC TERMINATIONS				
AGENCY: 107 - HEALTH CARE AUTHORITY				
SUB-AGENCY:				
***** SUBSCRIBER *****		***** DEPENDENT *****		ELIG
NAME	SSN	NAME	SSN	RELATIONSHIP
[REDACTED]	XXX-XX-XXXX	[REDACTED]	XXX-XX-XXXX	SON
[REDACTED]	XXX-XX-XXXX	[REDACTED]	XXX-XX-XXXX	SON
[REDACTED]	XXX-XX-XXXX	[REDACTED]	XXX-XX-XXXX	SON
[REDACTED]	XXX-XX-XXXX	[REDACTED]	XXX-XX-XXXX	SON
				END DATE TERM REASON
				MM/DD/YY
				02/28/13 26 YRS OLD
				02/28/13 26 YRS OLD
				02/28/13 CERT END DT
				02/28/13 26 YRS OLD

This report displays dependent children who have lost eligibility for PEBB coverage due to age. Dependent children who have reached the age of 26, extended dependent children, and disabled dependents whose certification has expired will automatically term in the PAY1 insurance system.

## Attestation Reports

If you have PAY1 access, you can generate attestation reports through *My Account* on the [PEBB](#) website. This report will show if the employee is enrolled in medical, the current tobacco use premium surcharge attestation and the spousal premium surcharge attestation. The report also shows pending changes to the premium surcharge and the pending effective date for attestations made online through *My Account*. If you do not have PAY1 access, please contact PEBB through [FUZE](#).

# **Appendix III**



## ***System Information***

***Employer Groups***

## 2016 Invoicing Schedule

### January

Cycle 00	<b>Jan 15</b>
Cycle 01	<b>Jan 22</b>
Cycle 02	<b>Jan 26</b>
Cycle 03	<b>Jan 29</b>

### February

Cycle 00	<b>Feb 12</b>
Cycle 01	<b>Feb 23</b>
Cycle 02	<b>Feb 26</b>
Cycle 03	<b>Feb 29</b>

### March

Cycle 00	<b>Mar 15</b>
Cycle 01	<b>Mar 23</b>
Cycle 02	<b>Mar 28</b>
Cycle 03	<b>Mar 31</b>

### April

Cycle 00	<b>Apr 15</b>
Cycle 01	<b>Apr 22</b>
Cycle 02	<b>Apr 26</b>
Cycle 03	<b>Apr 29</b>

### May

Cycle 00	<b>May 13</b>
Cycle 01	<b>May 23</b>
Cycle 02	<b>May 26</b>
Cycle 03	<b>May 31</b>

### June

Cycle 00	<b>Jun 15</b>
Cycle 01	<b>Jun 23</b>
Cycle 02	<b>Jun 27</b>
Cycle 03	<b>Jun 30</b>

### July

Cycle 00	<b>Jul 15</b>
Cycle 01	<b>Jul 22</b>
Cycle 02	<b>Jul 26</b>
Cycle 03	<b>Jul 29</b>

### August

Cycle 00	<b>Aug 15</b>
Cycle 01	<b>Aug 23</b>
Cycle 02	<b>Aug 26</b>
Cycle 03	<b>Aug 31</b>

### September

Cycle 00	<b>Sep 15</b>
Cycle 01	<b>Sep 23</b>
Cycle 02	<b>Sep 26</b>
Cycle 03	<b>Sep 30</b>

### October

Cycle 00	<b>Oct 14</b>
Cycle 01	<b>Oct 21</b>
Cycle 02	<b>Oct 26</b>
Cycle 03	<b>Oct 31</b>

### November

Cycle 00	<b>Nov 15</b>
Cycle 01	<b>Nov 23</b>
Cycle 02	<b>Nov 28</b>
Cycle 03	<b>Nov 30</b>

### December

Cycle 00	<b>Dec 15</b>
Cycle 01	<b>Dec 23</b>
Cycle 02	<b>Dec 27</b>
Cycle 03	<b>Dec 30</b>

- **Cycle 00 = BHP Cycle** (M0C71111—approximately 15<sup>th</sup> of the month—adjust backward if on holiday or weekend)
- **Cycle 01 = Invoicing Cycle 1** (M1A71111—approximately 23<sup>rd</sup> of the month, adjust if on holiday or weekend—must run after payroll day 4 completes (Gap 34 runs on payroll day 4, which feeds the State Share and Insurance Reconciliation processes that run the same days as Invoicing Cycle 1)
- **Cycle 02 = Invoicing Cycle 2** (M2A71111—approximately 26<sup>th</sup> of the month—adjust if on holiday or weekend)
- **Cycle 03 = Invoicing Cycle 3** (M3A71111—last work day of the month—adjust if on holiday or weekend)

**Note:** Check the job instructions for M1A, M2A, M3A71111 for more information on the timing of these jobs as they relate to payroll runs.

## Prevent Insurance Reconciliation Problems

### PAY1 System

- When enrolling subscribers, enroll in screen order (A.01, A.41, A.43, A.44, A.45, A.46). Jumping back and forth creates extra history records, which may cause insurance premiums to back out and re-bill incorrectly, and may create multiple carrier notifications.
- If a keying error is made, wait a day to correct the error. Correcting it on the same day creates extra history records, which may cause insurance premiums to back out and re-bill incorrectly, and may create multiple carrier notifications.
- If you accidentally enter a wrong effective date, end date, or any other date, contact PEBB Outreach and Training for assistance through [FUZE](#). Re-keying may cause insurance premiums to back out and re-bill incorrectly.
- Once you have terminated or transferred an employee out of your agency in the PAY1 system, you are no longer able to make changes to that record. If you receive a request from the employee for changes, send a [FUZE](#) message to PEBB Outreach and Training for record updates.