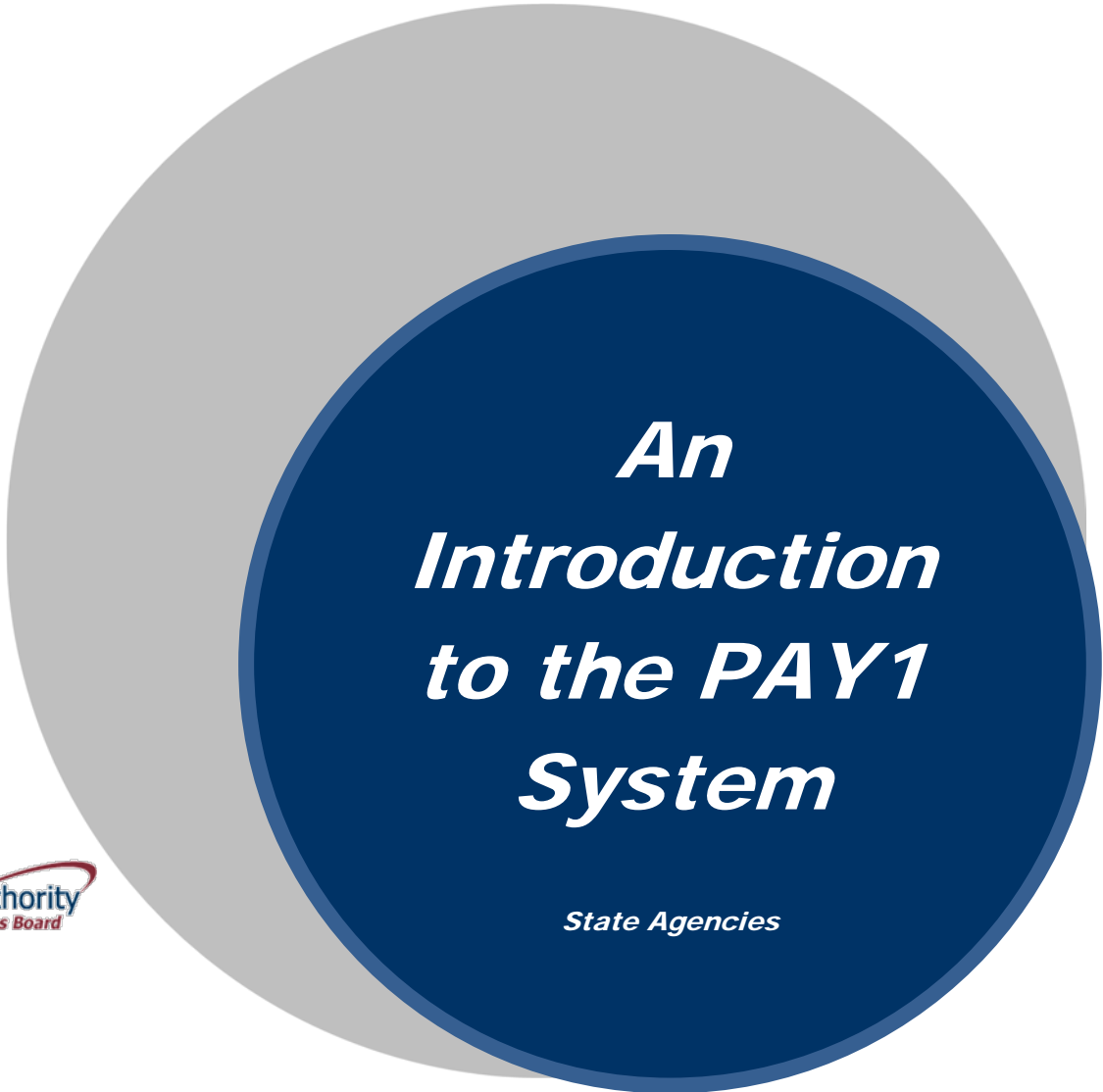


Chapter 1



*An
Introduction
to the PAY1
System*

An Introduction to the PAY1 System

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Introduction

This manual is intended for use as a training document only. The purpose of this manual is to assist you with the data entry of subscriber information that affects Health Care Authority-sponsored (HCA) insurance coverage. The following instructions pertain to information relevant to HCA insurance ONLY. If you have questions about the insurance screens or any of the insurance procedures contained in this manual, contact:

HCA Outreach and Training

Phone: 1-800-700-1555

FUZE: www.fuzeqna.com/perspay/consumer/question.asp

Contact Information

Health Care Authority Public Employees Benefits Board Program • PO Box 42684 • Olympia, WA 98504-2684	
PEBB Outreach and Training For Personnel / Payroll / Benefits Use Only	
PEBB Outreach and Training	1-800-700-1555 (Option 2)
Manager: Amy Corrigan	(360) 725-0826
Regional Representative: Larry Cade, Jeff Dixon-Ross	
Employer Group Support: April Inchausti, Dina House	1-800-700-1555 (Option 3)
Email:	www.fuzeqna.com/perspay/consumer/question.asp
Personnel/Payroll website:	www.hca.wa.gov/perspay
Order Materials:	www.hca.wa.gov/perspay (Order Materials link)
Fax Number:	(360) 725-0771
PEBB Customer Service Self-Pay Employees and State, Higher Ed and K-12 Retirees Medical / Dental Questions, Eligibility Calls and Enrollment Verification	
Self-Pay Subscribers	1-800-200-1004
Fax Number:	(360) 725-0771
Communication and Appeals: Tina Krueger	(360) 725-2126
Appeals Email:	www.fuzeqna.com/perspay/consumer/question.asp
Dependent Verification Documents:	FUZE: www.fuzeqna.com/perspay/consumer/question.asp or Fax: 360-725-0805
Insurance Accounting / Accounts Receivable K-12, Employer Groups, Self-Pay Accounts, Central Pay, Higher Ed Accounts, Flexible Spending Accounts, Retiree Accounts	
Email:	pebbar@hca.wa.gov
Fax Number:	(360) 753-9152

Accounting Terms

Current Process Month

The monthly insurance invoicing is divided into three cycles due to the large number of PEBB-participating agencies. “Current process month” identifies the specific period of time for which the insurance system is billing an agency. The “begin” and “end” date of an agency’s current process month depends on which one of the three invoicing cycles the agency is in.

- Invoicing Cycle 1:** Includes K-12 school district active subscribers.
Current process month runs from approximately the 24th of one month through the 23rd of the following month. (*E.g., the 24th of May through the 23rd of June is Process Month June.*)
- Invoicing Cycle 2:** Includes higher education and employer groups.
Current process month runs from approximately the 27th of one month through the 26th of the following month. (*E.g., the 27th of May through the 26th of June is Process Month June.*)
- Invoicing Cycle 3:** Includes state agencies.
Current process month runs from approximately the 1st of the month through the 30th or 31st. (*E.g., the 1st of June through the 30th of June is Process Month June.*)

Lower Limit Date

The “Lower limit date is a timeframe in which PEBB allows employers to make retroactive enrollments or updates to an employee’s account. If the correct date to be keyed is beyond the lower limit date, **do not** use an incorrect date. See the [Lower Limit and Current Process Calendar](#) guidance for lower limit dates.

Rescission

The system allows terminations and changes as far back as the lower limit date. Incorrect effective or term dates should not be used unless PEBB directs otherwise. PEBB’s rescission policy allows for terminations and changes to the system’s lower limit date in certain instances (refer to Policy 19-1, [Addendum 19-1A](#)). If you receive the error message that says “Requires Approval,” back out of the screen and notify PEBB through [FUZE](#).

Future Process

You may enter most transactions **one** month into the future. The future entry will pend until the future effective date is equal to the current process period. (E.g., if on April 15th you enroll a subscriber effective May 1st, the action will display as a pending or future action until processing month May is reached. In May, the action will move to the Current Coverage fields.)

Note: During annual open enrollment, health and dental plan changes with an effective date of January 1 may be entered **two** months into the future.

Gap 9 Report (state agencies only)

This is a daily report that transfers information from HRMS to PAY1. This report populates the PAY1 insurance system with name, social security number, address, birth date, gender, permanent status, and salary for new hires.

Gap 16 Report (state agencies only)

This is a daily report that transfers information from PAY1 to HRMS. This report contains new enrollment, medical and dental plan changes, family composition changes, terminations, and effective dates.

Home Agency

This term refers to the agency responsible for the subscriber's insurance employer contribution and maintaining the insurance screens.

Eligibility Terms

Annual Open Enrollment

Annual open enrollment is a time period each year in which employees may reinstate previously waived coverage without proof of loss, add eligible dependents without proof of loss (*dependent verification is required*), remove dependents, change medical and/or dental plans, change IRC Section 125 waiver status, or enroll in or re-enroll in a Medical FSA and/or DCAP account (only state agencies and higher education employee are eligible to enroll in a Medical FSA/DCAP).

Special Open Enrollment

Special open enrollment occurs when an individual employee has a qualifying event that affects the subscriber's health coverage. Depending on the qualifying event, the subscriber may reinstate previously waived coverage with proof of loss, add eligible dependents, remove dependents, change medical and/or dental plans, and enroll in or change their Medical FSA and/or DCAP contribution (for state agencies and higher education only).

Changes to the employee's account must be directly related to the qualifying event. To make a change, the employee must complete and submit the appropriate form(s) no later than **60 days** after the qualifying event.

Special open enrollment is defined in WACs 182-08-198, 182-12-128, 182-12-205, and 182-12-262. Special open enrollment guidance and allowable changes are available in Policy 45-2, [Addendum 45-2A](#).

Access to the PAY1 System

```
>>>>@ CA - TPX @<<<<< REL 5.3/00
STATE OF WASHINGTON - AUTHORIZED USE ONLY

This site contains government information. Your use may be monitored.
Unauthorized use is subject to civil, criminal, and/or administrative action.

If you are AUTHORIZED, type in your USERID and PASSWORD.

Unicenter CA-TPX Session Management
Copyright (c) 2003 COMPUTER ASSOCIATES INTERNATIONAL, INC.

Userid:      |      (or LOGOFF)      14:31:56
Password:    |                       07/08/14
New Password:|                       NTV102C0
Account:     |                       3278-2A
Transfer:    |                       SMRTTV

PF1=Help    PF3=Logoff
MA + a                                           14/020
```

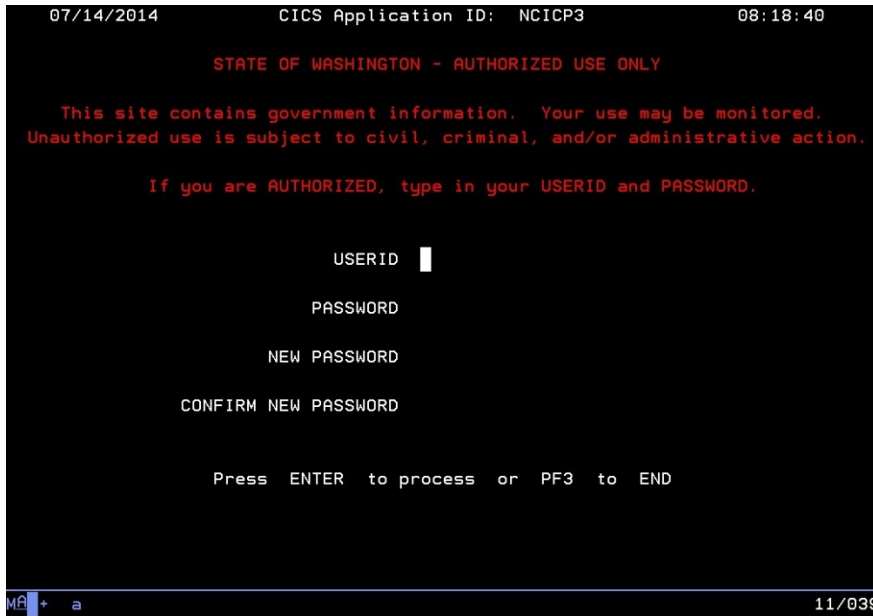
1. Open PAY1. Type in your User ID and Password. Select Enter.

```
TPX MENU FOR DM12111 Panelid - TEN0041
Terminal - NTV102C0
Cmdkey=PF12/24 Jump=PA2 Menu=PA1 Model - 3278-2A
Print=NONE Cmdchar=/ Logoff=/K System - NTPXVU

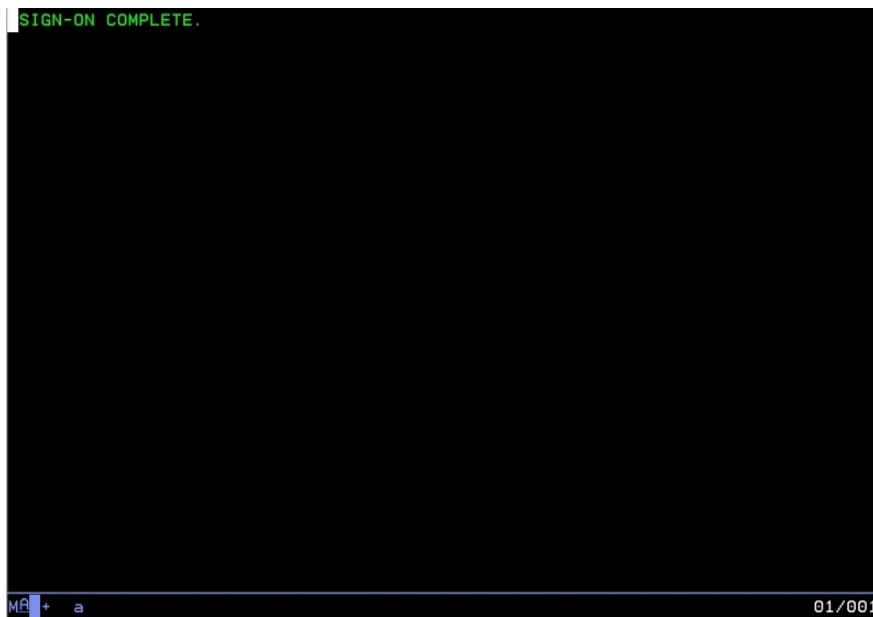
  Sessid      Sesskey      Session Description      Status
  |           |             |                          |
  | C1CP3      PF           Statewide Financial/Payroll Sys.
  | - C1CP32   PF           Statewide Financial/Payroll Sys.
  | - TSOV1    PF           TSO ON V1RA
  | - CA7      PF           HRISD CA7 SCREEN
  | - TSOV12   PF           TSO ON V1RA
  | - C1CX2    PF           CICS - TEST DB112
  | - C1CX22   PF           CICS - TEST DB112 HRMS Session
  | - C1CQA    PF           CICS - QUAL DB113
  | - C1CD1    PF           CICS - DEMO DB114
  | - C1CX1    PF           CICS - QFIX DB117
  | - TSOV3    PF           TSO ON V3HC              N/A

Command ==>
PF1=Help PF7/19=Up PF8/20=Down PF10/22=Left PF11/23=Right H =Cmd Help
MA + a                                           08/004
```

2. Place your cursor in the C1CP3 row. Select Enter.



3. Type in your user ID and password. Select Enter.



4. The message "Sign-on Complete" displays.

5. Type "PAY1" at the cursor. Select Enter.

```

***** GOOD AFTERNOON - PLEASE ENTER SIGN-ON INFORMATION *****

***** PERSONNEL PAYROLL ONLINE SYSTEMS *****          MAPX011
***** OPERATOR IDENTIFICATION *****

AGENCY:  █      SUB-AGENCY:      SSN:      PASSWORD:
                                         NEW PASSWORD:

SELECTION:

HELP:    PRESS PF1 FOR ONLINE INSTRUCTION

*****
*** YOU WILL BE ACCESSING PRODUCTION FILES ***
*****

***** TO LEAVE THE SYSTEM FROM ANY SCREEN *****

CLEAR - EXIT
PF12  - EXIT AND LOGOFF

ENTER - NEXT SELECTION, PF1 - HELP, PF3 - SYSTEM MENU

```

6. Type your Agency code. Tab to the Sub-Agency field.
7. Type your Sub-Agency code, if applicable. If you do not have a sub-agency code, tab to the SSN field.
8. Type your social security number. Tab to the Password field.
9. Type your Password. Select Enter.

```

***** PERSONNEL / PAYROLL MENU *****          MAPY011
***** FOR DEMO CICS *****

SYSTEM      : 0.00  PERS/PAY ONLINE
MENU TITLE  : 0.00  SYSTEM MENU
SELECTION   : █
HELP        : PRESS PF1 FOR ONLINE INSTRUCTIONS

-----
A.00  PAYROLL                                SYSTEM MENU

PF1 - HELP, PF2 - RETURN, PF3 - SYSTEM, PF7 - PAGE UP, PF8 - PAGE DOWN

```

10. In the Selection field, enter A.01 to access the A.01 screen. Select Enter.

Password Requirements

Passwords **must**:

- Be eight characters in length.
- Contain at least one number (i.e., 0, 1, 2, ... 9)
- Contain at least one alphabetic character (i.e., a, b, c ... z) **Note:** Passwords are not case sensitive; all characters are converted to upper case before processing.
- Contain at least one of the following special characters: #, \$, or @. **Note:** No other special characters are valid in passwords.
- Change at least every 60 days. Security maintains a history of each user's five most recent passwords and does not allow reuse.

Passwords **may not**:

- Contain the first three to six consecutive characters of your name as it appears in the security database. (E.g., John Barrymore cannot use joh, john, bar, barr, barry, or barrym anywhere in the password.)
- Contain your user ID.

Examples of Passwords

User's name in database = John Smith, User's ID = JS00211

Valid Password Examples

- \$ismksc9 (contains numeric character, special character, and alpha characters)
- b\$o#ca22 (contains numeric characters, special characters, and alpha characters)
- m@129apy (contains numeric characters, special character, and alpha characters)

Invalid Passwords

- Moneybag (contains alpha characters only)
- Moneyba2 (contains alpha and numeric characters only)
- cev#ga2 (less than 8 characters)
- \$2749638 (contains numeric characters and special character only)
- js00211# (contains user's User ID)

- john#007 (contains part of user name, “john”)
- #2smi\$56 (contains part of user name, “smi”)

Password Tips

Entering Passwords

Be careful entering your eight-character password on the RACF and PAY1 sign-in screens. The input field for the password is eight characters and the cursor will automatically advance to the “New Password” field. If you accidentally type a character in that field and press Enter, the system assumes you are trying to change your password and prompts you to re-enter your new password for verification. Select F3 to escape the sign-in screen and start over.

Choosing a Good Password

- Avoid obvious passwords. Do not use names of children, spouses, pets, favorite sports teams, birthdays, or similar personal things others are also likely to know.
- Do not use a word found in a dictionary. If you want to use a word, mix in special characters and numbers, or even intentionally misspell the word, such as #guvnor1 or @2gether.
- Make up an acronym on a song, a sentence, poem, or rhyme, and mix in special characters and numbers to a length of eight characters, as in the following examples.

“I Saw Mommy Kissing Santa Clause” ism\$9ksc

“The Check Is In The Mail” 5#tciitm

“My Dog Fido Drools A Lot” mdfdal@7

- Do **not** use any of these examples...be creative and make up your own schemes!

Safeguarding Your Password

- NEVER tell your password to anyone, including co-workers.
- NEVER share your user ID and password with others. You alone are responsible for how your user ID is used.
- Do not write down your password. A written password is more easily discovered than one committed to memory.

Command Line Review

The command line is located at the bottom of every screen (highlighted below).

```

A0105 PLEASE ENTER REQUEST
                ***** A.01 - PERSON DATA *****
                                MAPA011

SOC SEC:                                HOME AGY/SUB-AGY:
LAST NAME:                               SUFFIX:
FIRST NAME:                              ----PHONE----:
MIDDLE NAME:                             BUSINESS/WORK:
SHORT NAME:                              HOME:

HOME ADDRESS:
LINE1:                                   ADDR EFF DATE:
LINE2:
LINE3:                                   COUNTY:
CITY:                                    ST:          ZIP CD:
                                           COUNTRY CD:

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:                                    ST:          ZIP CD:
                                           COUNTRY CD:

BIRTH DT:                               GENDER:    PERM ST:    ANNIV DT:
NEW SSA:                                P2-PRT :

NEXT FUNCTION: A 01 TYPE:  SSA:          AGY:    SUB:    PAY ACTION :
                ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM
MA + a
                                23/028
    
```

Next Function—Enter one of the insurance screens below:

A.01	Person Data (i.e., name, address, etc.)
A.41	Subscriber Data (i.e., eligibility, enrollment, transfer subscriber, or terminate insurance)
A.42	Display Dependents (<i>this screen is only available for subscribers with more than one dependent; a maximum of 15 dependents may be listed</i>)
A.43	Dependents Data
A.44	Health and Dental Coverage
A.45	Life Coverage
A.46	LTD Coverage
A.51	Subscriber History
A.53	Spouse and Dependent History
A.55	Life and LTD Coverage History

Type—Enter one of the codes below to add, inquire (view), or update a record.

A	Add
I	Inquire (view)
U	Update

SSA—Social security number of the subscriber

AGY—Agency code

Sub—Sub-agency code, if applicable

The Function options below are determined by the Type (“**A**,” “**I**,” or “**U**”) entered.

Enter	Opens the next logical screen or the screen number entered into the Next Function field
F1	Online help
F2	Personnel/Payroll menu
F3	System menu (Name—SSA Cross Reference)
F4	Cancels any changes made
F9	Subscriber history screens
F10	Updates the record

Screen Review

A.01—Person Data

```
***** 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:                          COUNTY: 34 THURSTON
CITY: OLYMPIA                  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
```

This is the first screen established in the insurance enrollment process. A person record must exist before insurance enrollment can be completed. The person record is created by the nightly GAP 9 Report from the HRMS system.

When a subscriber is employed at more than one agency or sub-agency, only one agency has the authority and responsibility for maintaining the record. This agency/sub-agency is considered the home agency and is responsible for the subscriber's insurance. The home agency lock is set when you enter your agency and sub-agency (if applicable) on the A.41 Subscriber Data screen.

If your agency is responsible for a subscriber's insurance, but you do not have security for the A.01 screen, contact the agency shown at the top of the screen in the Home Agency field to request an insurance agency transfer.


```

          ***** 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

```

A.01 Field Explanations

Soc Sec: (social security)	Displays the subscriber's social security number.
ID#:	PAY1-issued identification number.
Home Agy/Sub-Agy: (home agency/ sub-agency)	Displays the home agency entered on the A.41 screen. This is the OFM-assigned number for each agency. If the subscriber is working for several agencies, the agency where the subscriber works the most hours is the "home agency." The home agency has the "home agency lock" and is responsible for the employer contribution.
Last Name:	Subscriber's last name.
Suffix:	Subscriber's name suffix, if one exists (e.g. JR, SR, I, II, III).
First Name:	Subscriber's first name.
Middle Name:	Subscriber's middle name.
Business/Work:	Subscriber's business phone number, including area code.
Short Name:	Short name is created from the long name fields (last name, first name, middle name), with a maximum of 20 characters. The short name is used for reporting purposes only.
Home:	Subscriber's home phone number, including area code.
Email Address:	Subscriber's email address.

Opt In:	Updated by the subscriber through the <i>My Account</i> link on the PEBB website. One of the following codes may display: “Y” indicates a subscriber chose to receive information through email “X” shows a subscriber agreed to the terms of use for <i>My Account</i> “N” indicates a subscriber will continue to receive information in paper form
Home Address: (Lines 1, 2, 3)	Subscriber’s street address. Each address line has a maximum of 30 characters. Use all 30 characters on Address Line 1 without using punctuation. (Use USPS punctuation standards. A complete guide to USPS standards is available at http://pe.usps.com/text/pub28/welcome.htm .) This address will be used to determine plan availability. If no address is entered in the Mailing Address field, the employee will receive mail at this address. All address changes should be entered in HRMS.
Addr Eff Date: (address effective date)	Defaults to the current date when a subscriber’s record is established. This date must be updated if the address is changed. Enter the actual date of the move, if known. Otherwise, enter the signature date on the subscriber’s change form.
County:	An entry in this field will update the County field on the A.41 screen. A county code is required for Washington State addresses only. View County codes
City:	City for subscriber’s home address. All address changes should be entered in HRMS.
St: (State)	State for subscriber’s home address. For a foreign address, use “ZZ” or the Canadian Province code in the State field. All address changes should be entered in HRMS. View State, Military State, and Canadian Province codes
Zip CD: (zip code)	Subscriber’s home address zip code. For a foreign address, enter the Canadian Province or “ZZ” in the State field, which will allow the Zip code field to accept both alpha and numeric characters or remain blank. All address changes should be entered in HRMS.
Country CD: (country code)	A Country code is required if the State field is a Canadian Province or “ZZ.” American Territory codes are also entered in the Country code field. A country code is not required for U.S. addresses. For a list a valid country codes, visit http://countrycode.org .
Mailing Address: (Lines 1 and 2)	Subscriber’s mailing address, if provided. Use USPS punctuation standards. (A complete guide to USPS standards is available at http://pe.usps.com/text/pub28/welcome.htm .) This address, if entered, will be used for mail delivery purposes by HCA. All address changes should be entered in HRMS. Note: <i>The mailing address is optional. If no mailing address exists, the home address will be used for mailings.</i>

City:	City for subscriber’s mailing address. All address changes should be entered in HRMS.
St: (state)	State for subscriber’s mailing address. For a foreign address, use “ZZ” or the Canadian Province in the State field. All address changes should be entered in HRMS.
Zip CD: (zip code)	5 or 9-digit zip code of subscriber’s mailing address. For a foreign address, enter the Canadian Province or “ZZ” in the State field, which will allow the Zip code field to accept both alpha and numeric characters or remain blank. All address changes should be entered in HRMS.
Country CD: (country code)	A Country code is required if the State field is a Canadian Province or “ZZ.” American Territory codes are entered in the Country code field. A Country code is not required for U.S. addresses. For a list a valid country codes, visit http://countrycode.org .
Birth Dt: (birth date)	Subscriber’s date of birth. Note: <i>When correcting a subscriber’s date of birth, re-key all fields with month, day, and year (06 15 1975).</i>
Gender:	Gender of the subscriber.
Perm St: (permanent status)	Permanent status of subscriber. This field is not keyed.
Anniv Dt: (anniversary date)	Anniversary date of subscriber. This field is not keyed.
New SSA: (new social security number)	Used to correct a subscriber’s social security number (SSN). When correcting a subscriber’s SSN, make the correction in both PAY1 and HRMS on the same day to keep the systems in sync. Caution: <i>Do not make multiple SSN changes to the same record on the same day in PAY1. If you make an error entering the SSN, wait one day before correcting. Multiple changes in the same day will cause billing problems and missing invoice history records.</i>

PAY1 Codes

County:

01	Adams	09	Douglas	17	King	25	Pacific	33	Stevens
02	Asotin	10	Ferry	18	Kitsap	26	Pend Oreille	34	Thurston
03	Benton	11	Franklin	19	Kittitas	27	Pierce	35	Wahkiakum
04	Chelan	12	Garfield	20	Klickitat	28	San Juan	36	Walla Walla
05	Clallam	13	Grant	21	Lewis	29	Skagit	37	Whatcom
06	Clark	14	Grays Harbor	22	Lincoln	30	Skamania	38	Whitman
07	Columbia	15	Island	23	Mason	31	Snohomish	39	Yakima
08	Cowlitz	16	Jefferson	24	Okanogan	32	Spokane	Blank	Out of State/Country

State:

AL	Alabama	IL	Illinois	MT	Montana	RI	Rhode Island
AK	Alaska	IN	Indiana	NC	North Carolina	SC	South Carolina
AR	Arkansas	IA	Iowa	ND	North Dakota	SD	South Dakota
AZ	Arizona	KS	Kansas	NE	Nebraska	TN	Tennessee
CA	California	KY	Kentucky	NH	New Hampshire	TX	Texas
CO	Colorado	LA	Louisiana	NJ	New Jersey	UT	Utah
CT	Connecticut	MA	Massachusetts	NM	New Mexico	VA	Virginia
DE	Delaware	MD	Maryland	NV	Nevada	VT	Vermont
DC	District of Columbia	ME	Maine	NY	New York	WA	Washington
FL	Florida	MI	Michigan	OH	Ohio	WI	Wisconsin
GA	Georgia	MN	Minnesota	OK	Oklahoma	WV	West Virginia
HI	Hawaii	MO	Missouri	OR	Oregon	WY	Wyoming
ID	Idaho	MS	Mississippi	PA	Pennsylvania		

Military State:

AA	Armed Forces (the Americas)
AE	Armed Forces Europe
AP	Armed Forces Pacific
ZZ	Out of country

Canadian Province:

AB	Alberta	NU	Nunavut
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edward Island
NB	New Brunswick	QC	Quebec
NL	Newfoundland and Labrador	SK	Saskatchewan
NT	Northwest Territories	YT	Yukon
NS	Nova Scotia		

Helpful Tips for the A.01 Screen

- State agencies have update capability on the A.01 Person Data screen. However, data is also updated by a nightly interface file from the HRMS system, so in most cases, users will not have to do dual entry. The nightly GAP 9 report will populate the PAY1 insurance system with name, SSN, home address, mailing address (if available), birthdate, gender, and permanent status for new hires. It will also update changes made in HRMS by the home agency. In the case of a dual appointment, only the data from the home agency can update the information on this screen.
- State agencies must correct SSNs in PAY1 and the HRMS system. It is important to key in both systems on the same day to keep the systems in sync.
- If a mailing address is provided, HCA will use the mailing address for all mailings. If no mailing address is provided, the home address will be used for mailings.
- To prevent system problems:
 - Always key eligibility screens in order (e.g., A.01, A.41, A.43, A.44, A.45, A.46).
 - Avoid keying multiple SSN changes for a subscriber/dependent on the same day.

A.41—Subscriber Data

```

***** 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    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

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The A.41 screen is used to establish insurance eligibility, enroll a subscriber in insurance, transfer a subscriber in or out of an agency, and/or terminate the subscriber's insurance coverage. **Note:** *The Appointment Status and Monthly Salary fields are updated by the nightly GAP 9 report from the HRMS system.*

The subscriber's home agency is responsible for maintaining the insurance screens and paying the employer share of the insurance benefit package. If a subscriber is not eligible for insurance, you will not need to access the PAY1 insurance system.

When you establish insurance eligibility or make changes in the PAY1 system, a nightly interface file will be sent to HRMS (GAP 16). The GAP 16 interface will contain new enrollment information, medical and dental plan changes, family composition changes, premium surcharges, terminations, and effective dates.

Note: *If the date you key is a future date, the information entered will pend until the end of the month. The new information will transfer to HRMS on the first report after the month closes. (For example, if on May 5 you terminate a subscriber's insurance effective May 31, this transaction will pend until the end of May. It will display on the GAP 16 report to HRMS on June 1.)*

```

***** 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 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

```

A.41 Field Explanations

Soc Sec Nbr: (social security number)	Subscriber's social security number. Changes to this field are made on the A.01 screen in PAY1 and in the HRMS system. Changes should be made in both systems on the same day to keep the systems in sync.
ID#:	PAY1-issued identification number.
Name:	Subscriber's name, up to 20 characters (last name, first name, middle name). Changes to this field are made on the A.01 screen.
Home agency:	Home agency code.
Home sub agency:	Home sub-agency code, if applicable.
Transfer reason:	Used to transfer a subscriber from one agency to another. Note: Do not use this field to transfer a subscriber to a K-12 school district, political subdivision, higher education institution, retirement, self-pay, or COBRA account. Valid codes include: 401 Transfer Out 201 Transfer In
Transfer eff date: (transfer effective date)	Enter the transfer in or transfer out date. See chapter 5 of this manual for more information.
Home phone:	Employee's home phone number.
Business/msg ph: (business/message phone)	Employee's work phone number.

Mail stop:	Mail stop of the subscriber's work location, if applicable.
County:	View the County code listed on the A.01 screen.
Eligibility code:	Describes the subscriber's eligibility. Only one eligibility code change is permitted per day. View Eligibility codes
Elig eff date: (eligibility effective date)	Used when enrolling or terminating a subscriber. When enrolling a subscriber, enter the coverage effective date. <i>(For help with effective dates, see the Appendix.)</i> When terminating a subscriber, refer to Addendum 19-1A .
Eligibility reason:	Enter the code that best describes the reason the subscriber is enrolling in or terminating coverage. View Eligibility Reason for Enrollment/Termination
Qualify reason:	Used for enrollment into COBRA. For HCA use only. View COBRA Qualifying Reason codes
COBRA/self-end dt: (COBRA/self-end date)	Used when enrolling a subscriber or dependent in self-pay or COBRA coverage. For HCA use only.
Pending elig code: (pending eligibility code)	Displays the code entered in the Eligibility code field if the eligibility change is in the future, or if terminating eligibility with an effective date in the current processing month.
Pending eff date: (pending effective date)	Displays the future effective date entered in the Eligibility Effective Date field.
Orig soc sec num: (original social security number)	Used when enrolling a subscriber or dependent in self-pay or COBRA. This is a cross reference field to identify where COBRA dependents and surviving spouses first established eligibility. For HCA and Department of Retirement Systems (DRS) use only.
Orig agency: (original agency)	Used when enrolling a subscriber or dependent in self-pay or COBRA. For HCA and DRS use only. Note: For K-12 retirees, enter the agency code for the school district from which the enrollee retired.
Appt status: (appointment status)	Updated by the nightly GAP 9 report from the HRMS system.
Agy eff/end date: (agency effective/end date)	If the eligibility code is "Y" (enrolled), this field will display the Eligibility Effective Date. If the eligibility code is "N" (not enrolled), this field will display the Eligibility End Date.
Pay method:	Payment method that refers to the subscriber's eligibility. <ul style="list-style-type: none"> • If the eligibility code entered is "Y" or "X" (active), enter "D" (deduction). • Eligibility codes R, K, S, E, C, D, G, or T are for HCA and DRS use only. These codes are for retired, COBRA, and other self-pay subscribers.

Monthly salary:	Updated from the nightly GAP 9 report from the HRMS system. Note: <i>Accurate salary is required to calculate the optional LTD premium.</i>
Marital status:	Marital status of the subscriber. Valid codes are: M Married/partnership S Single Note: <i>“M” is also used when adding a registered domestic partner. When entering a divorce date or dissolution date for a registered domestic partner relationship, marital status must be changed to “S” (single).</i>
Marital status date:	Last marriage date for a spouse or the registration date for the state-registered domestic partnership, if current status is married.
Deceased date:	Deceased date of the subscriber. For HCA and DRS use only.
Retired date:	Subscriber’s retirement date. For HCA and DRS use only.
Spouse/partner div/dis/dec date: (spouse/partner divorce/dissolution/deceased date)	Divorce/dissolution date or the spouse/registered domestic partner’s date of death. This will default the relationship field of the spouse to an “X” and will automatically term the spouse’s health, dental, and life insurance effective the end of the month in which divorce or death occurred.
Term reason:	Reason code for termination. When the changes to this screen are saved, the reason code will move to the A.43 screen and no longer display on the A.41 screen. The choices include: 35 Spouse/Partner Death 42 Spouse/Partner Divorce/Dissolution Note: <i>If the divorce or deceased effective date entered is in the current processing month, the system will display the spouse term date in the pending fields on the A.43 and A.45 screens. The spouse relationship will not be changed to “X” on the A.43 screen and the subscriber premium will not be re-calculated on the A.44 and A.45 screens until the next month’s invoicing.</i>
60-day:	When reason code “42” is entered in the Term Reason field, the following prompt will display: “Employee notified you within 60 days from the end of the month in which the event occurred? (Y/N).” Enter the appropriate response. This field will help determine the dependent’s eligibility for COBRA.
Basic life/LTD date:	For error correction purposes regarding the original effective date of basic life and basic LTD. For HCA use only.
Supp life: (supplemental life)	For error correction purposes regarding the original effective date of supplemental life. * For HCA use only. <i>* Employee must agree to pay premiums back to original date of eligibility.</i>
Opt life:	For error correction purposes regarding the original effective date of optional LTD. * For HCA use only. <i>* Employee must agree to pay premiums back to original date of eligibility.</i>

PAY1 Codes

Eligibility:

Active Subscribers:	
Y	Eligible active subscriber (state, higher education, ESD, K-12 school districts, and employer groups paying the composite rate)
X	Eligible active subscriber (ESD, K-12 school districts, and employer groups paying the tiered rate)
N	Not enrolled
Retirement Systems:	
R	Retiree (state, higher education, employer groups)
K	Retiree (K-12 and ESD)
N	Not enrolled
Health Care Authority:	
S	Self-pay (LWOP/layoff due to RIF)
E	Self-pay (dental only)
C	COBRA (active state)
G	COBRA retiree (state)
D	COBRA retiree (K-12)
T	COBRA (dental only)
N	Not enrolled
R	Retiree (state, higher education, employer groups)
K	Retiree (K-12 and ESD)

Eligibility Reason for Enrollment and Termination:

Enrollment:	
01	Newly eligible member
03	Retiree rehire
04	Return from layoff
05	Return from LWOP
10	Return from waive/defer (HCA only except during annual open enrollment)
Termination:	
31	Employment ending/ineligible position
32	Termination—gross misconduct
33	Approved LWOP
34	Layoff
35	Death
36	Retirement
37	Employer group left (HCA only)
38	Applying for disability retirement
39	Voluntary termination of coverage (HCA only)
42	Divorce/dissolution
44	Defer retiree coverage (HCA only)

46	Non-payment (<i>HCA only</i>)
47	Self-pay end date reached (<i>HCA only</i>)
48	Defer due to Medicare/Medicaid (<i>HCA only</i>)
50	Faculty/seasonal between eligibility
51	USERRA or educational leave
52	Change of eligibility type (<i>HCA only</i>)
53	Reversion not due to layoff

COBRA Qualifying Reason:

A	Ex-spouse
B	Ex-dependent
C	Ex-subscriber
D	Surviving spouse or dependent
E	Surviving disabled dependent
F	Surviving extended dependent
G	COBRA spouse account
H	Pension of Protection Act of 2006 (PPA)
P	Ex-dependent parent

Helpful Tips for the A.41 Screen

- When keying a transferred employee, always check the A.41 screen prior to keying insurance. If the A.41 is terminated (Eligibility code = N) or if subscriber is transferred out (Transfer reason is 401), you may proceed with the enrollment according to the transfer instructions in this manual.
- If the A.41 is being held by another agency (the Eligibility code does not = N or the Transfer code is not 401), contact the home agency listed at the top of the A.41 screen and ask them to key a termination or a transfer out (whichever is appropriate).
- If the prior agency keys a termination, you must wait one day to enroll the insurance. A transfer can be keyed on the same day.
- Always refer to [Policy 19-1, Addendum 19-1A](#) before terming coverage.
- To have pending changes erased, submit a request to HCA through [FUZE](#).
- If you are unable to key the correct termination or effective date, **do not** key an incorrect date. Submit a request to HCA through [FUZE](#).
- To prevent system problems:
 - Always key eligibility screens in order.
 - Avoid keying multiple SSN changes and enrollment/terminations for a subscriber or dependent on the same day.
 - Do not key any eligibility changes on the day *State Share* runs. Anything not keyed by 6p .m. the day before *State Share* runs must be held for two days and not keyed until 36 hours after *State Share* runs. Please refer to the schedule for *State Share* run dates in the Appendix.
 - Agencies may override an existing Reason code when a new employee is a re-hire.

- The Reason code does not terminate coverage; you must still enter an eligibility of “N” on the A.41 screen to terminate an employee. Reason codes are required when changing the eligibility from an “N” to a “Y” or from a “Y” to an “N.”
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code, the previous Reason code will re-populate the Reason code field.
- If you enter the wrong Reason code, submit a request through [FUZE](#).

A.42—Display Spouse and Dependents

```

A4202 PLEASE SELECT DEPENDENT
          ***** A.42 - DISPLAY DEPENDENTS *****
                                     MAPA421

SUBSCRIBER SSA: 000 00 1111      ID#: 000004430      NAME: CITIZEN, JOHN Q
                                     CURRENT          PENDING
I/U RELATIONSHIP      SSA          NAME          HLTH  DNTL  HLTH  DNTL
- SPOUSE              000 00 0002  CITIZEN, JOAN A      N      N
- DAUGHTER            000 00 0003  CITIZEN, JANICE A    N      N

NEXT FUNCTION: A 43 TYPE: I SSA: 000 00 1111 AGY: 107 SUB:      PAY ACTION:
                PF1-HELP, PF2-RETN, PF3-SYSTEM, PF7/8-UP/DWN, PF9-HISTORY

4B :00.1 07/03
    
```

The A.42 screen is only available when a subscriber has more than one dependent (up to 15 dependents may be listed). The A.42 functions as a cross-reference for each enrolled dependent and displays a “snapshot” of their information.

A.42 Field Explanations

Subscriber SSA: (subscriber social security number)	Subscriber’s social security number.
ID#:	PAY1-issued identification number.
Name:	Subscriber’s name.
I/U: (inquire/update mode)	Enter an “I” (inquire) or “U” (update) on the line next to the dependent’s name to access the record. You can access the A.53 Spouse and Dependent History screen by placing the cursor in the I/U column next to the dependent and selecting F9.
Relationship:	Dependent’s relationship to the subscriber.
SSA: (dependent social security number)	Social security number of each dependent.
Name:	Name of each dependent.

<p>Current Hlth/Dntl: (current health/dental)</p>	<p>Displays the eligibility code of the dependent. Y Dependent is currently enrolled N Dependent is not enrolled</p>
<p>Pending Hlth/Dntl: (pending health/dental)</p>	<p>Displays the pending eligibility code of the dependent. Y Dependent is pending enrollment N Dependent is pending termination or waiver</p>

A.43—Spouse and Dependents Data

```

          ***** A.43 - DEPENDENTS DATA *****
          MAPA431
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
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: 5 SUBSCR SSA: 000 00 1111  DEPEND SSA: 000 00 0002
INQUIRY ONLY      ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
  
```

A subscriber's dependent (including spouse or registered domestic partner) is enrolled on the A.43 screen and their tobacco use and spousal premium surcharge attestation (if applicable) are entered. The information on this screen is unique to the individual dependent. Any changes affecting a dependent's coverage are keyed on their A.43 screen.

The A.43 screen always displays the dependent's most current enrollment data, although previous enrollment data can be viewed on the A.53 Spouse and Dependent History screen by selecting F9.

When extended dependents or dependents with disabilities (age 26 or older) are entered, the entry will pend for HCA approval. All other dependent's enrollment will pend until the dependent verification process is complete. When adding dependents that require dependent verification, the enrollment flag "Y" will change to an "N" and the reason code will change to "11—Enrollment requested; held for verification." Once verification is entered, the dependent will be enrolled.

```

***** 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

```

A.43 Field Explanations

Subscr Soc Sec: (subscriber social security number)	Subscriber's social security number.
ID#:	PAY1-issued identification number.
Name:	Subscriber's name.
Dependent Data	
Depend Soc Sec: (dependent social security number)	Dependent's social security number entered on the command line.
Gender:	Gender of the dependent.
Depend Name:	Dependent's name (e.g., Public, Joan Q). This field must include a comma and a space following the last name. If the dependent has only one name, add a comma after the name (e.g., Madonna,).
Lst Nm: (last name)	Last name of dependent.
1st Nm: (first name)	First name of dependent.
MI: (middle initial)	Middle initial of dependent.
SFX: (suffix)	Suffix (JR, SR, II, III, etc.).

Relationship:	Relationship of the dependent to the subscriber. For all dependents (except extended dependents and dependents with disabilities age 26 or older), send valid dependent verification documents to HCA through FUZE unless your agency keys your own dependent verification. View Relationship codes
Birthdate:	Enter the dependent's date of birth. Note: <i>When correcting a dependent's birthdate, you must re-key the entire date as month, day, and year (e.g., 06 16 1975).</i>
Qual Rsn: (qualifying reason)	Qualifying reason code, if applicable. If the dependent is a spouse, partner, or second spouse, enter an "M" or a "P" accordingly. If a "D" (extended dependent) or "A" (disabled dependent) is entered as the qualifying reason, the enrollment will pend approval in the Pending Enrollment field. Extended dependents: Send the enrollment form, <i>Extended Dependent Certification</i> form, and any supporting documentation to HCA for processing. Dependents with disabilities: Employee must submit the form according to the instructions on the form. View Qualifying Reason codes
Medicare A:	Indicates whether the dependent is enrolled in Medicare Part A. For HCA and DRS use only. (Valid codes are Y=Yes and N=No) Note: <i>The system automatically updates this field to "Y," effective the first month in which the subscriber/retiree's spouse turns age 65.</i>
Medicare B:	Code indicates whether the dependent is enrolled in Medicare Part B. For HCA and DRS use only. (Valid codes are Y=Yes and N=No)
HICN: (Health Insurance Claim Number)	Auto populates if dependent is on Medicare or Medicaid. For HCA use only.
Cert Ind: (certification indicator)	Used when approving an extended dependent or a dependent with disabilities age 26 or older. For HCA use only. (Valid codes are T=Temporary and P=Permanent) Note: <i>Extended dependents can only have temporary certification.</i>
Eff Dt: (effective date)	Used when approving an extended dependent or a dependent with disabilities. The effective date of the approval on recertification will be entered. For HCA use only.
End Dt:	Used when approving an extended dependent or a dependent with disabilities with a temporary certification. The last day of the month the dependent is certified will be entered. The system generates a monthly report of dependents requiring recertification. This field is updated when a dependent is certified or recertified. For HCA use only.
SSN:	Not currently in use. For HCA use only.
FNB: (first newborn)	Auto populates with a "Y" when first newborn is added to the account.
Dt:	Not currently in use. For HCA use only.

Current—Health	
Enr: (enrollment)	Enter a “Y” to enroll the dependent in medical. Enter an “N” to term a dependent no longer eligible or when the subscriber removes the dependent from coverage.
Eff Date: (effective date)	<p>Dependent’s effective date of enrollment, change, or termination. <i>(See Appendix for effective date information.)</i></p> <p>If the dependent is a newborn or adopted child, and the date of birth, date of adoption, or date employee assumes financial responsibility in anticipation of adoption is before the 16th day of the current month, the transaction will update the Current Enrolled and Effective Date fields immediately, pending dependent verification.</p> <p>If the effective date is after the 15th day of the current month or in the future, it will display in the Pending Enrolled and Pending Effective Date fields until the next processing period is reached and dependent verification is completed.</p> <p>A full month’s premium will be charged for dependents eligible before the 16th day of the current month. Otherwise, the premium will begin the next month.</p> <p>Note: Coverage must always be termed effective the last day of the month.</p>
Prem Date: (premium date)	Last effective date entered on any of the insurance screens that would cause a re-calculation of premium.
Reason:	<p>Enrollment or termination code entered when adding or removing a dependent.</p> <p>View Health Enrollment/Termination Reason codes</p>
Pending Health	
Enr: (enrollment)	The eligibility code will pend if a future date is entered or the transaction is pending for HCA’s approval of an extended dependent or a dependent with disabilities (age 26 or older). Enter eligibility code “N” if the dependent’s termination date is a future date, the date the dependent is declining medical coverage is a future date, or if the dependent term date is in the current processing month.
Eff Date: (effective date)	Enter if the effective date is a future date or the transaction is pending for HCA’s approval of an extended dependent or a dependent with disabilities. Enter eligibility code “N” if the subscriber’s eligibility is pending termination on the A.41 screen, the dependent’s medical or dental coverage is waived with a future effective date, or the dependent term date is in the current processing month.
Current—Tobacco	
Enr: (enrollment)	<p>Enter a “Y” if employee attested to their dependent* using tobacco products. Enter an “N” if the employee attested to dependent* not using tobacco products. Enter a “D” if employee did not attest for his/her dependent*, submitted an incomplete attestation form, or attested after their 31-day enrollment period. <i>Agencies must key in tobacco use attestations for every dependent* enrolled in medical coverage.</i></p> <p><i>*An employee must attest for dependents(s) age 13 or older only.</i></p>

	<ul style="list-style-type: none"> Newly eligible employees or employees regaining eligibility enrolling in medical must attest or re-attest no later than 31 days after their date of eligibility, or they will defaulted to incur the surcharge.
Eff Date: (effective date)	<p>For newly eligible employees and employees regaining eligibility who attest within 31 days of their date of eligibility, the effective date of the surcharge is the same as their effective date.</p> <p>If a dependent has a change in tobacco use or was defaulted, the employee can re-attest at any time.</p> <ul style="list-style-type: none"> If a re-attestation results in the employee incurring the premium surcharge, the change is effective the first of the month following the status change (unless that day is the first of the month, then change begins on that day). If the change results in the removal of the premium surcharge, the change is effective the first day of the month following receipt of the attestation (unless that day is the first of the month, then change begins on that day).
Current—Spousal	
Enr: (enrollment)	<p>Enter a “Y” if employee attested “yes” to the spousal premium surcharge. If the employee attested “no” and checked a question (see below) on the attestation form, key that number in the Enrollment field in place of “N.” If the employee selects more than one question, key the lowest number. (For example, if employee checked Questions 2 and 6, key “2.”) Enter an “N” if employee attested “no” to the spousal premium surcharge and did not provide a number. Enter a “D” if employee did not attest, submitted an incomplete attestation form, or attested after their 31-day enrollment period.</p> <div data-bbox="488 1205 1433 1455" style="border: 1px solid black; padding: 5px;"> <p>Does the spouse or registered domestic partner coverage surcharge apply to you? Check one:</p> <p><input type="checkbox"/> I previously attested to the spouse or registered domestic partner coverage premium surcharge for 2015 and the attestation has not changed.</p> <p><input type="checkbox"/> YES, I used the 2015 Premium Surcharge Help Sheet and completed the 2015 Spousal Plan Calculator online.</p> <p><input type="checkbox"/> NO, I used the 2015 Premium Surcharge Help Sheet and, if needed, completed the 2015 Spousal Plan Calculator online.</p> <p>Which questions, if any, on the 2015 Premium Surcharge Help Sheet did you check NO? Check all that apply.</p> <p><input type="checkbox"/> Question 1 <input type="checkbox"/> Question 2 <input type="checkbox"/> Question 3 <input type="checkbox"/> Question 4 <input type="checkbox"/> Question 5 <input type="checkbox"/> Question 6</p> <p><input type="checkbox"/> 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.</p> <p><small>The 2015 Premium Surcharge Help Sheet and the 2015 Spousal Calculator are available at www.hca.wa.gov.pebb.</small></p> </div> <p>Note: The Spousal Surcharge field only displays on the dependent screen if the Relationship code is an “S” (spouse) or “P” (partner).</p> <ul style="list-style-type: none"> Newly eligible employees or employees regaining eligibility also enrolling a spouse or registered domestic partner in medical coverage must attest no later than 31 days after their date of eligibility, or they will default to incur the surcharge. Employees who add a spouse or registered domestic partner to medical coverage during a special open enrollment must attest no later than 60 days. The change will be effective the first of the month following receipt of the form.

	<ul style="list-style-type: none"> Employees covering a spouse or registered domestic partner in medical coverage who did not attest, submitted an incomplete form, or attested after their enrollment period can only re-attest during specific times of the year: <ul style="list-style-type: none"> When employee is eligible to enroll a spouse or registered domestic partner in PEBB medical. During annual open enrollment When there is a change to the spouse or registered domestic partner's employer-based group medical insurance
Eff Date: (effective date)	<p>For newly eligible employees or employees regaining eligibility who attest no later than 31 days after their date of eligibility, the spousal effective date is the same as their effective date.</p> <ul style="list-style-type: none"> If a re-attestation results in the employee incurring the premium surcharge, the change is effective the first of the month following the status change (unless that day is the first of the month, then change begins on that day). If the change results in the removal of the premium surcharge, the change is effective the first day of the month following receipt of the attestation (unless that day is the first of the month, then change begins on that day).
Current—Dental	
Enr: (enrollment)	Enter a "Y" to enroll the dependent. Enter an "N" to term a dependent who is no longer eligible or when the subscriber removes the dependent from coverage.
Eff Date: (effective date)	<p>Dependent's effective date of enrollment, change, or termination. <i>(See Appendix for effective date information.)</i></p> <p>If the dependent is a newborn or adopted child, and the date of birth, date of adoption, or date employee assumes financial responsibility in anticipation of adoption is before the 16th day of the current month, the transaction will update the Current Enrolled and Effective Date fields immediately, pending dependent verification. If the effective date is after the 15th day of the current month or in the future, it will display in the Pending Enrolled and Pending Effective Date fields until the next processing period is reached and dependent verification is completed.</p> <p>A full month's premium (if applicable) will be charged for dependents eligible before the 16th day of the current month, otherwise the premium will begin the next month.</p> <p>Note: Coverage must always be termed effective the last day of the month.</p>
Prem Date: (premium date)	Last effective date entered on any of the insurance screens that would cause a recalculation of premium.
Reason:	Enrollment or termination code when adding or removing a dependent. View Dental Enrollment/Termination Reason codes
Pending Dental	

Enr: (enrollment)	The eligibility code will pend if a future date is entered or the transaction is pended for HCA's approval of an extended dependent or a dependent with disabilities, age 26 or older. Enter eligibility code "N" if the date the dependent is being terminated is a future date, if the date the dependent is declining medical coverage is a future date, or if the dependent term date is in the current processing month.
Eff Date: (effective date)	Enter if the effective date is a future date or the transaction is pended for HCA's approval of an extended dependent or a dependent with disabilities. Enter eligibility code "N" if the subscriber's eligibility is pending termination on the A.41 screen, if the dependent's medical or dental coverage is waived with a future effective date, or if the dependent term date is in the current processing month.
Phys/Clinic: (physician/clinic)	Physician or Clinic code from the subscriber's enrollment form will display here, if one was entered. Enter this information for open enrollment and new subscribers only. Note: <i>You are not required to keep this field updated.</i>
60-Day:	When Reason code 41 or 42 is entered in the Reason field, the following prompt will display: "Employee notified you within 60 days from the end of the month in which the event occurred?? (Y/N)." Enter the appropriate response. This field will help determine the dependent's eligibility for COBRA.
Dental/Clinic:	Dental or clinic code from the subscriber's enrollment form will display, if one was entered. Enter this information for open enrollment and new subscribers only. Note: <i>You are not required to keep this field updated.</i>
Address: (Lines 1 and 2)	Enter only if dependent's address is different from the subscriber. Refer to the A.01 screen information in this chapter for foreign address information.
City:	Enter only if dependent's address (city) is different from the subscriber.
State:	Enter only if dependent's address (state) is different from the subscriber.
Zip:	Enter only if dependent's address (zip code) is different from the subscriber.
New Depend SSA: (new dependent social security number)	Used to correct an existing dependent's social security number. Enter the dependent's correct social security number and select F10. All fields where the dependent's SSN occurs will be updated.
Country CD: (country code)	Country code is required if the State field is a Canadian Province or "ZZ." American Territory codes are entered in the Country code field. A Country code is not required for U.S. addresses. For a list a valid Country codes, visit http://countrycode.org/ .
Verify:	All verify fields are for HCA and agencies entering their own verification.
St: (status)	Status code for verification of dependents. View Status codes
Src: (source)	Indicates the type of document used for verification of dependents. If the dependent is a spouse, partner, or second spouse, enter an "M" or a "P" accordingly. If a "D" or "A" is entered as the qualifying reason, the enrollment

	will pend approval in the Pending Enrollment field. View Source codes
St Dt: (status date)	Status date is automatically populated with the date the status was keyed.

PAY1 Codes

Relationship:

S	Spouse/registered domestic partner (marriage date is required on the A.41)
C	Son
D	Daughter
X	Ex-spouse/ex-registered domestic partner (defaults when divorce date is entered on the A.41) If a subscriber remarries an ex-spouse, the relationship "X" (ex-spouse) must be changed to "S" (spouse) when re-enrolling the spouse on the A.43 screen.
F	Extended dependent (any dependent child other than a biological child, stepchild, or legally adopted child (e.g., grandchild).
2	Spouse of surviving spouse (HCA only)

Qualifying Reason:

M	Married spouse
P	Registered domestic partner
D	Extended dependent
A	Dependent child with disabilities (age 26 or older only)

Health Enrollment/Termination Reason:

Enrollment	
01	Newly eligible member
06	Reinstatement
07	State-registered domestic partnership
08	Marriage
10	Return from waive/defer (HCA only, except during annual open enrollment)
49	Not Elected
Termination	
35	Death
39	Voluntary termination of coverage (HCA only)
40	Dependent voluntarily terms
41	Dependent loses eligibility
42	Divorce/dissolution
48	Defer due to Medicare/Medicaid (HCA only)
54	Termination for dual coverage (HCA only)
55	CDHP correction (HCA only)

Dental Enrollment/Termination Reason:

Enrollment:	
01	Newly eligible member
06	Reinstatement
07	State-registered domestic partnership
08	Marriage
10	Return from waive/defer (HCA only, except during annual open enrollment)
49	Not Elected
Termination	
35	Death
39	Voluntary termination of coverage (HCA only)
40	Dependent voluntarily terms
41	Dependent loses eligibility
42	Divorce/dissolution
44	Defer retiree coverage (HCA only)
48	Defer due to Medicare/Medicaid (HCA only)
54	Termination for dual coverage (HCA only)

Status:

V	Verified	D	Denied	F	First letter
VE	Verified exempt	I	Incomplete	NR	Non-response
VO	Verified not WA registration	IL	Illegible	R	Received
VW	Verified WA registration	IV	Invalid	VT	Voluntary termination

Source:

Spouse	
T	Tax return
M	Marriage certificate
R	Residence proof
I	Interdependency proof
DE	Defense Enrollment Eligibility Reporting System (DEERS) registration
MC	Marriage certificate only (if marriage occurred within last two years)
MR	Marriage certificate/residence proof
MI	Marriage certificate/financial interdependency proof
LS	Legal separation notice
PD	Petition for dissolution
AM	Secretary of State auto-marriage (HCA only)
SR	Secretary of State reported marriage (HCA only)
OR	Proof of out-of-state residency (HCA only)

Registered Domestic Partner	
D	Certificate/card of state-registered domestic partnership only (if occurred within last two years)
DR	Certificate/card of partnership and residence proof (if occurred within last two years)
DI	Certificate/card of partnership and financial interdependency proof
PI	Petition for invalidity (annulment) for partnership
PD	Petition for dissolution
LS	Legal separation notice
AM	Secretary of State auto-marriage (HCA only)
SR	Secretary of State reported marriage (HCA only)
OR	Proof of out-of-state residency (HCA only)
Dependent Child	
T	Tax return
B	Birth certificate
AD	Adoption decree
P	Court-ordered parenting plan
SN	Qualified medical support notice
DE	DEERS registration

Helpful Tips for the A.43 Screen

- Keying two different termination dates on the same day will cause problems with invoicing. Always key terminations one day apart.
- The effective date for terminating coverage is always the last day of the month.
- Qualifying reasons “M” and “P” must be entered for a spouse or registered domestic partner.
- Qualify Reason “A” for dependents with disabilities should only be entered if the dependent is age 26 or older.
- Dependent verification is required for all dependents, except dependents certified as an extended dependent or a dependent with disabilities, age 26 or older. When dependent verification is required, enroll the dependent on the A.43 screen. When the record is saved, the enrollment flag “Y” will change to “N” and the Reason code will change to “11.”
- Submit the dependent verification documents to HCA through [FUZE](#). Once verified, HCA will activate the dependent’s enrollment. **Note:** *This does not apply to agencies keying their own dependent verification.*
- To prevent system problems, avoid keying enrollment/termination for a dependent on the same day.
- Enrollment due to loss of other coverage or re-enrollment for previously waived coverage requires HCA approval outside of annual open enrollment. Do not attempt to re-enroll coverage. Send copies of the forms and proof of loss of other coverage to HCA for processing.
- Agencies can override an existing Reason code when a dependent re-enrolls or is removed from coverage.

- The Reason code does not terminate coverage; you must still enter an “N” on the A.43 screen to end coverage for a dependent. Reason codes are required when changing the enrollment from an “N” to a “Y” or from a “Y” to an “N.”
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code, the previous Reason code will repopulate the Reason code field.
- If you enter the wrong Reason code, contact HCA through [FUZE](#).

A.44 –Health and Dental Coverage

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***** 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:

PREM EFF DT: 02 02 2015      SURCHARGE - TOBACCO: 0.00      SPOUSAL: 0.00
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

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The A.44 screen is used to establish and update the subscriber's health and dental coverage and key in the tobacco use premium surcharge attestation. The Health and Dental Effective Dates are defaulted to the Eligibility Effective Date entered on the A.41 screen. The system will automatically enroll a new subscriber in the default carrier codes "Z" and "9" (no plan selected) when eligibility is established on the A.41 screen. To update the subscriber's selected plan or to make a change to the subscriber's coverage, you must enter the effective date in the Change Date fields and enter the carrier code.

When an employee regains eligibility for the employer contribution for benefits, the A.44 screen will default to "Z" for the medical plan and "9" for the dental plan for all plans when a "Y" or "X" is entered on the A.41 screen. ("Y" is for composite groups, "X" is for tiered groups.)

Subscribers may waive medical coverage if they have other employer-based group medical coverage, TRICARE, or Medicare. **Subscribers waiving medical coverage must still be enrolled in dental, basic life, and basic LTD coverage.** A newly eligible subscriber must enroll in medical coverage to enroll their dependents in medical coverage. If the subscriber does not return the enrollment forms within 31 days of their date of eligibility, enroll the employee (no dependents) in Uniform Medical Plan Classic

and Uniform Dental Plan as a single subscriber and default the employee to incur the tobacco use premium surcharge.

The A.44 screen always displays the subscriber’s current coverage. You may review previous coverage by selecting F9 from this screen to access the A.51 Subscriber History screen.

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***** 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:
PREM EFF DT: 02 02 2015    SURCHARGE - TOBACCO: 0.00    SPOUSAL: 0.00
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: 4 SSA: 000 00 1111 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

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A.44 Field Explanations

Soc Sec Number: (social security number)	Subscriber’s social security number.
ID#:	PAY1-issued identification number.
Name:	Subscriber’s name.
Eligibility Type:	Eligibility code entered on the A.41 screen.
Employer Contribution:	State employer share contribution for active subscribers.
Health Insurance	
Health Enr: (health enrollment)	Eligibility code (“Y” or “N”) entered on the A.41 screen will populate this field. In addition, if the subscriber opts to waive medical coverage, a “D” may be entered or displayed in the field. Note: <i>When making a change to the medical carrier, do not re-key the “Y” in this field.</i>
Chg Dt: (change date)	Effective date of the health plan enrollment or health plan change. <i>(See Appendix for eligibility effective date information.)</i>

Reason:	Enrollment or termination code.
Eff Dt: (effective date)	Will populate once screen is saved.
End Dt: (end date)	Will populate once screen is saved.
Pending:	Will populate once screen is saved. Note: <i>If employee is termed in the A.41 screen, this field will populate with the future term date.</i>
Eff Dt: (effective date)	Will populate once screen is saved.
Carrier:	<p>Enter the code for the health carrier. This field is 4 characters, so when the selected Carrier code has fewer than four characters, tab to move to the next field.</p> <p>Note: <i>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.</i></p> <p>Medicare-eligible retirees and their spouse or registered domestic partner also include the following Carrier code (for HCA use only):</p> <p>F Blue Cross Medicare Supplement Plan F</p> <p>Note: <i>A “W” displayed after the name of the plan indicates a plan change made online during annual open enrollment.</i></p> <p>View Health Carrier codes</p>
New Carrier:	Future Carrier code entered in the Health Carrier field. The Carrier code will move to the current Health Carrier field when the future effective date is equal to the current process month.
Eff Date: (effective date)	Future carrier effective date entered in the Health Change Date field. The future effective date will move to the Health Effective Date field when the future effective date is equal to the current process month.
Medicare A:	<p>Indicates whether the subscriber is enrolled in Medicare Part A. For HCA and DRS use only. (Valid codes are Y=Yes, N=No).</p> <p>Note: <i>When changing the Medicare indicator, you must also enter the effective date in the Health Change Date field. The system automatically updates this field to “Y,” effective the first of the month in which the subscriber/retiree turns age 65.</i></p>
Medicare B:	<p>Indicates whether the subscriber is enrolled in Medicare Part B. For HCA and DRS use only. (Valid codes are Y=Yes, N=No)</p>

Clinic ID:	Physician or Clinic code from the subscriber’s enrollment form will display here, if one was entered. Enter this information for open enrollment and new subscribers only. Note: <i>You are not required to keep this field updated.</i>
Tobacco:	Enter a “Y” if employee attested to using tobacco products. Enter an “N” if the employee attested to not using tobacco products. Enter a “D” if employee did not attest, submitted an incomplete attestation form, or attested after their 31-day enrollment period. <ul style="list-style-type: none"> • Newly eligible employees enrolling in medical coverage must attest no later than 31 days after their date of eligibility, or they will be defaulted to incur the surcharge. •
Eff Dt: (effective date)	For newly eligible employees and employees regaining eligibility who attest within 31 days of their date of eligibility, the effective date of the premium surcharge is the same as the effective date for medical and dental. A dependent(s) who has a change in tobacco use or was defaulted can re-attest at any time. <ul style="list-style-type: none"> • If a re-attestation results in the employee incurring the premium surcharge, the change is effective the first of the month following the status change (unless that day is the first of the month, then change begins on that day). • If the change results in the removal of the premium surcharge, the change is effective the first day of the month following receipt of the attestation (unless that day is the first of the month, then change begins on that day).
Pending:	The eligibility code will pend if a future date is entered or the transaction is pending for HCA’s approval.
Eff Dt: (effective date)	Displays the Pending Effective Date.
Wellness:	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.
Attestation Dt: (attestation date)	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: <i>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 so the employee can begin earning points toward the incentive for the 2017 year.</i>
HICN: (Health Insurance Claim Number)	Health Insurance Claim Number, which will auto populate if dependent is on Medicare or Medicaid. For HCA use only.

Surcharge–Tobacco:	Displays tobacco use premium surcharge amount.
Spousal:	Displays spousal premium surcharge amount.
Prem Eff Dt: (premium effective date)	Same as the Health Effective Date, unless a change occurs to the employee’s medical premium.
Premium–Employee:	Displays employee monthly contribution.
Total:	Total amount of employee’s premium and premium surcharges.
Dental Insurance	
Dental Enr: (dental enrollment)	Eligibility code “Y” or “N” entered on the A.41 screen will populate this screen. Subscribers who waive medical coverage must still be enrolled in dental coverage. This field can be updated for self-pay, COBRA, and retirees only. Note: <i>When changing dental plans, do not re-key the “Y” in this field.</i>
Chg Dt: (change date)	Effective date of the dental plan enrollment form. <i>(See Appendix for eligibility effective date information.)</i>
Reason:	Valid enrollment or termination codes are available on page
Eff Dt: (effective date)	Date entered in the Dental Change Date field if the Subscriber Enrolled field is “Y” (eligible).
End Dt: (end date)	Date entered in the Eligibility Effective Date field when the Eligibility code field on the A.41 screen is changed to “N” (not enrolled). For retirees and self-pay subscribers, this field displays the date entered in the Dental Change Date field on the A.44 screen when the Current Enrolled field is changed to “N” (not enrolled).
Pending:	Eligibility code “Y” or “N” if the date entered in the A.41 Eligibility Effective Date field is a future date or if the dental term date is in the current processing month.
Eff Dt: (effective date)	Eligibility effective date entered in the A.41 Eligibility Effective Date field, if the date is in the future. Eligibility changes may be keyed one month in the future.
Carrier:	Enter the code for the dental carrier. This field is four characters. When the selected Carrier code has fewer than four characters, tab to the next field. Note: <i>A “W” displayed after the name of the plan indicates a plan change made online during annual open enrollment.</i> View Dental Carrier codes
New Carrier:	Future carrier code entered in the Dental Carrier field. The future carrier code will move to the current Dental Carrier field when the future effective date is equal to the current process month.
Eff Dt: (effective date)	Future carrier effective date entered in the Dental Change Date field. The future effective date will move to the Dental Effective Date field when the future effective date is equal to the current process month.
Clinic ID:	Dental or clinic code from the subscriber’s enrollment form will

	display, if one was entered. Enter this information for open enrollment and new subscribers only. Note: <i>You are not required to keep this field updated.</i>
Prem Eff Date: (premium effective date)	Last date entered in the Dental Change Date field.
Prem—Employee: (premium—employee)	Self-pay subscriber’s premium calculated by the system.

PAY1 Codes

Health Carrier:

C	Group Health Classic
CV	Group Health Value
CHSA	Group Health CDHP
D	Kaiser Classic
DHSA	Kaiser CDHP
U	Uniform Medical Plan Classic
UHSA	Uniform Medical Plan CDHP
Z	Default (no plan selected)* <i>*If the health carrier is left as “Z” (no plan selected), after 90 days, the system will automatically change the carrier to “U” (Uniform Medical Plan Classic).</i>
CMED	Group Health Medicare Plan (for Medicare-eligible retirees only)
F	PBC Medical Supplement Plan F (for Medicare-eligible retirees only)

Dental Carrier:

1	Uniform Dental Plan (WDS)
3	Willamette Dental
4	DeltaCare Dental
9	Default (no plan selected) * <i>When the dental carrier is left as “9” (no carrier selected), the system will automatically change the carrier to “1” (Uniform Dental Plan) after 90 days.</i>

Helpful Tips for the A.44 Screen

- If the subscriber's home address on the A.01 screen is not within the service area for the Carrier code entered, you will receive an error message: "WARNING...CARRIER INVALID FOR ZIP CODE SERVICE AREA." When this message is received, cancel the transaction by selecting F4 and check the carrier's service area listed in the *Employee Enrollment Guide*. If you believe you received this warning in error, please contact HCA through [FUZE](#).
- Subscribers who waive medical must still enroll in dental, basic life, and basic LTD.
- Subscribers may re-enroll in medical coverage during annual open enrollment or during a special open enrollment. Do not key enrollment outside of annual open enrollment; send forms through [FUZE](#) for processing.
- Agencies can override an existing Reason code when a new employee is a re-hire.
- The Reason code does not terminate coverage; you must still enter an eligibility of "D" on the A.44 screen to waive coverage for an employee.
- Reason codes are required when changing the enrollment from a "D" to a "Y" or from a "Y" to a "D."
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code, the previous Reason code will re-populate the Reason code field.
- If you enter the wrong Reason code, contact HCA through [FUZE](#).

A.45 – Life Coverage

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***** 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

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This screen is used to enroll, update, and display a subscriber’s life insurance coverage. It is activated when the Eligibility Code field on the A.41 screen is set to “Y” (eligible). This screen allows:

- Individual effective dates for each part of coverage.
- Entry of all requested coverage (including disability waiver of premium).
- Entry of coverage requiring approval (this will pend for carrier approval or denial).

A.45 Field Explanations

Soc Sec Number: (social security number)	Social security number of the subscriber.
ID#:	PAY1-issued identification number.
Name:	Subscriber’s name.
Agency:	Subscriber’s home agency.
Sub Agency:	Subscriber’s sub-agency (if applicable).
Life Enrolled:	Enrollment code is “Y” (enrolled) or “N” (not enrolled). This information is pulled from the A.41 screen for eligibility types “Y” and “X” and from the Desired column of the A.45 screen for eligibility types “R” (retiree), “S,” or “E”

	(self-pay).
Eligibility Type:	Eligibility code from the A.41 screen.
Enr Eff/End Date: (enrollment effective/end date)	Date associated with the eligibility type. For eligibility types “Y” and “X,” this information will pull from the A.41 screen. For eligibility types “R,” “S,” and “E,” this information will pull from the Desired column on the A.45 screen.
Employee Basic:	Current column displays the subscriber’s enrollment in basic coverage. This field is automatically set to “Y” for all active subscribers with an eligibility type “Y” or “X.” Desired column is used to request a disability waiver or to continue coverage on a self-pay basis. <i>Note: This field must be set to “Y” before subscriber can be enrolled in supplemental insurance.</i>
Employee Suppl: (employee supplemental)	Current column displays the subscriber’s current enrollment. Desired column is used to add, change, or cancel coverage.
Dependent Basic:	Current column displays the dependent children’s enrollment. Desired column is used to add, change, or cancel coverage.
Spouse Basic:	Current column displays the spouse’s enrollment. Desired column is used to add, change, or cancel coverage.
Spouse Suppl: (spouse supplemental)	Current column displays the spouse’s enrollment. Desired column is used to add, change, or cancel coverage. <i>Note: A spouse must first be enrolled in spouse basic before enrolling in spouse supplemental coverage.</i>
Supplemental AD&D:	Current column displays the subscriber’s current enrollment. Desired column is used to add, change, or cancel coverage.
AD&D w/Dependents:	Current column displays the dependents’ enrollment. Desired column is used to add, change, or cancel coverage.
Retiree:	Current column displays enrollment in retiree life insurance. Desired column is used to add, change, or cancel coverage.
Premium Employee:	Premium amount paid by the subscriber. This is automatically calculated by the system.

Employee Age:	Subscriber's age.
Spouse Age:	Spouse's age.
Smoker Indicator:	Used to indicate whether the subscriber receives the smoking or non-smoking rate. Enter a valid code based on the subscriber's enrollment form. This field defaults to "Y" (smoker). (Valid codes: are Y=Smoker and N=Non-Smoker)
Smoker Eff Date: (smoker effective date)	Enter the effective date of the smoker's status. This date is the first day of the month following the signature date on the Non-Smoker section of the <i>Life Insurance Enrollment/Change</i> form or the <i>Amendment to Original Application</i> . On a new enrollment, if nothing is entered in this field, it will default to the life effective date. The smoker effective date may not be a date prior to the most recent optional life insurance effective date.
Accel Life: (accelerated life)	When the subscriber receives an accelerated life insurance payment, enter a "Y" (yes) in this field. The default is "N" (no).

Helpful Tips for the A.45 Screen

- Basic coverage enrollment date is the effective date entered on the A.41 screen.
- Supplemental coverage should always be keyed with the effective date of the first of the month following the signature date on the enrollment form.
- If a retiree returns to work for your agency and wants to keep their retiree life insurance, enter a "Y" in the retiree life field and the effective date. Begin payroll deduction for retiree life. Enter "N" if they want to drop retiree life insurance.
- A retiree who returns to work and regains eligibility for PEBB employer-sponsored benefits has the option to maintain or drop their retiree life insurance. The retiree life insurance can be reinstated when the employee retires again.
- The smoker/non-smoker effective date may be keyed up to one process month into the future.
- If coverage was keyed with a retro-effective date, a manual adjustment may be necessary in the HRMS system. The day after keying the approval, verify that the effective date in HRMS matches the effective date in PAY1 keyed coverage. If dates do not match, make a manual adjustment in HRMS and notify HCA Accounting through [FUZE](#).
- Employees who choose not to enroll in supplemental life insurance must submit the *Life Insurance Enrollment/Change* form or the *Change in Beneficiary* form in order to name their beneficiaries for basic life coverage.

A.46 – LTD Coverage

```

***** 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: 5 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

```

The A.46 screen is used to enroll, update, and display a subscriber’s long-term disability (LTD) coverage. The Enrolled indicator is pulled from the Eligibility code field on the A.41 screen. This screen allows:

- Separate effective dates for basic and optional coverage.
- Entry of all requested coverage.
- Entry of coverage requiring approval (this will pend for carrier approval or denial).

A.46 Field Explanations

Soc Sec Number: (social security number)	Social security number of the subscriber.
ID#:	PAY1-assigned identification number.
Name:	Subscriber’s name.
Agency:	Subscriber’s home agency.

LTD Enrolled:	Enrollment code is “Y” (enrolled) or “N” (not enrolled). This information is pulled from the A.41 screen for eligibility types “Y” and “X” and from the Desired column on this screen for eligibility types “S” or “E” (self-pay).
Sub Agency:	Subscriber’s sub-agency (if applicable).
Enr Eff/End Date: (enrollment effective/end date)	Date associated with the eligibility type. For eligibility types “Y” and “X,” this information will pull from the A.41 screen. For eligibility types “S” and “E,” this information will pull from the Desired column on this screen.
Basic:	The Current column displays the subscriber’s current enrollment in basic LTD coverage. This field is automatically set to “Y” for all active subscribers with an eligibility type of “Y” or “X.” The waiting period for basic is 90 days. The Desired column is used to request a disability waiver of premium or to continue coverage on a self-pay basis when the subscriber is on approved educational leave. Note: <i>There must be a “Y” in this field before optional LTD may be entered.</i>
Optional:	The Current column displays the subscriber’s current enrollment in optional coverage. The Desired column is used to add, change, or cancel coverage.
Premium Employee:	Valid waiting periods: 30, 60, 90, 120, 180, 240, 300, or 360 days. State agencies will not see a premium displayed in this field. Self-pay, employer groups, K-12, and ESDs will see the LTD premium calculated by the system based on the subscriber’s retirement system, optional waiting period, and salary.
Elim. Period Percent:	Displays the percent used to calculate the optional LTD coverage.
Retirement System:	If the subscriber’s retirement plan is TIAA/CREFF, enter a “1” in this field. For all other retirement plans, leave this field blank.

Helpful Tips for A.46 Screen

- If a newly eligible subscriber has been enrolled in the insurance system previously, optional coverage may display a “P” for pend in error. This is a known system error. If the employee’s request does not require carrier approval, complete the following step:
 - To correct the error, once you enroll the employee and update the record, go back into the record in Update mode and replace the “P” with an “A” in the Indicator column under the Pend/Approve section. **Failure to make the correction will result in the employee not being enrolled in coverage.**
- Optional coverage not requiring carrier approval will always have an effective date of the first of the month following the signature date on the enrollment form. Once you have keyed the coverage, review the A.46 screen to verify enrollment in coverage.
- If coverage was keyed with a retro-effective date, a manual adjustment may be necessary in the HRMS system. The day after keying the approval, verify that the effective date in HRMS matches the effective date in PAY1 for the keyed coverage. If the dates do not match, make a manual adjustment in HRMS and notify HCA Accounting through [FUZE](#).

A.51 – Subscriber History

```

***** A.51 - SUBSCRIBER HISTORY *****
MAPA511
SUBSCRIBER SSN : NAME :
AGENCY/SUB-AGENCY : AGENCY EFF DATE :
COVERAGE PERIOD FROM: DATE CREATED :
THRU: CREATED BY :
ELIGIBILITY TYPE : APPT STATUS :
PAY METHOD : MONTHLY SALARY :
MARITAL STATUS : MARRIAGE DATE :
DIVORCE DATE :
COBRA QUAL REASON : ORIG SSN :
OLD SSN : ORIG AGENCY/SUB :
COUNTY : ADDRESS EFF DATE:
ADDRESS LINE 1 :
ADDRESS LINE 2 :
ADDRESS LINE 3 :
CITY : STATE: ZIP:
ENR CARR EFF-DATE END-DATE MCARE-A MCARE-B CLINIC-ID
HEALTH :
DENTAL :
COALTN MBR :
COALTN EFF DATE:
NEXT FUNCTION: A 51 TYPE: I SSN: COV-MO:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN,PF9-A.55

```

The A.51 screen is used to review a subscriber’s historical eligibility and enrollment information. The information on this screen is a result of additions and changes made to the A.01, A.41, and A.44 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that applies to the subscriber’s historical information. It is possible for a subscriber to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on subscriber eligibility history records.
- Access to the A.55 Life and LTD Coverage History screen.
- Paging through coverage periods in chronological order.
- Access to the A.51 screen from the A.41 or A.44 screens by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

Helpful Tips for the A.51 Screen

Selecting History Records—When a coverage month is entered, the system will access the subscriber history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will display the message “Requested Record Not Found.”

- **Navigation**—Select F9 to navigate to the A.55 Life and LTD History.
- **Navigation to and from the Originating Screen**—The A.51 screen can be accessed from the A.41 or A.44 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Page Up/Page Down**—Use the F7 and F8 keys to page through the records in order.

A.53 – Spouse and Dependent History

```

          ***** A.53 - SPOUSE AND DEPENDENT HISTORY *****          MAPA531

SUBSCRIBER SSN      :                               NAME              :
===== DEPENDENT DATA =====
DEPENDENT SSN      :                               DEPENDENT NAME    :
COVERAGE PERIOD FROM:                               DATE CREATED      :
                   THRU:                               CREATED BY        :
GENDER             :                               RELATIONSHIP      :
BIRTHDATE         :                               QUALIFY REASON    :
MARRIAGE DATE     :                               DIVORCE DATE      :

CERTIFICATION IND  :          CERT EFF DATE:          CERT END DATE:
  ADDRESS LINE 1  :
  ADDRESS LINE 2  :
  ADDRESS LINE 3  :
  CITY            :                               STATE:          ZIP:
                   ENR CARR  EFF-DATE  END-DATE  MCARE-A  MCARE-B  CLINIC-ID
HEALTH           :
DENTAL           :

NEXT FUNCTION: A 53 TYPE: I SSA:          COV-MO:
                DEPENDENT SSA:
                ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN

```

The A.53 screen is used to review the eligibility and enrollment history of a subscriber's dependents. The information on this screen is a result of additions and changes made on the A.41, A.43, and A.44 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that applies to the dependent's historical eligibility information. It is possible for a dependent to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on spouse or dependent eligibility history records.
- Paging through coverage periods in chronological order.
- Access to the A.53 screen from the A.43 screen by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

Helpful Tips for the A.53 Screen

- **Selecting History Records**—When a coverage month is entered, the system will access the subscriber history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will display the message “Requested Record Not Found.”
- **Navigation to and from the Originating Screen**—The A.53 screen may be accessed from the A.43 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Page Up/Page Down**—Use the F7 and F8 keys to page through the records in order.
- **History screens may not always be accurate.** Manual adjustments and multiple updates keyed on one day cannot be captured. Contact PEBB through [FUZE](#) for assistance.

A.55 – Life and LTD History

```

***** A.55 - LIFE AND LTD COVERAGE HISTORY *****
SUBSCRIBER SSN      :          NAME          :          MAPA551
COVERAGE PERIOD FROM:          DATE CREATED :
THRU:              THRU:              CREATED BY :
===== LIFE INSURANCE =====
ENROLL COVERAGE EFF DATE
PART A              :
PART B BASIC (SPOUSE) :
PART B BASIC (DEPENDENT):
PART B SUPPLEMENTAL :
PART C              :
PART C MAX INDICATOR :          MIN:          MAX:
PART D              :
PART E              :
PART E DEPENDENTS   :
RETIREE             :
MONTHLY SALARY      :          SMOKER IND:          PREMIUM EMPLOYEE:
===== LTD INSURANCE =====
BASIC               :
OPTIONAL            :
RETIREMENT SYSTEM   :          PREMIUM EMPLOYEE:
NEXT FUNCTION: A 55 TYPE: I SSA:          COV-MO:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN

```

The A.55 screen is used to review historical enrollment status and coverage levels for basic and optional and LTD insurance. The information on this screen is a result of additions and changes made to the A.45 and A.46 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that applies to the subscriber's historical life and LTD enrollment information. It is possible for a subscriber to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on subscriber's life and LTD information.
- Paging through coverage periods in chronological order.
- Access to the A.55 screen from the A.45 or A.46 screens by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

Helpful Tips for the A.55 Screen

- **Selecting History Records**—When a coverage month is entered, the system will access the subscriber history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will display the message “Requested Record Not Found.”
- **Navigation to and from the Originating Screen**—The A.51 screen can be accessed from the A.45 or A.46 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Page Up/Page Down**—Use the F7 and F8 keys to page through the records in order.

Subscriber and Dependent Searches

Subscriber Search

1. From any PAY1 screen, select F3 to access the System Menu.

```
X0202 PLEASE MAKE SELECTION
                ***** X.02 SYSTEM MENU *****                MAPX021

=> TO SELECT AN ITEM IN THIS SECTION
  ENTER 'S' BEFORE OPTION AND PRESS ENTER

  █ SUBSCRIBER NAME-SSA CROSS REFERENCE
  - DEPENDENT NAME-SSN CROSS REFERENCE
  - SYSTEM MESSAGES AS OF 07/26/2000 11:39:09
  *****
=> TO SELECT AN ITEM IN THIS SECTION
  PLACE CURSOR BEFORE OPTION AND PRESS PF1

  - CALENDARS - ONLINE SYSTEMS
  - TRAINING SCHEDULE
  - SYSTEM AVAILABILITY INFORMATION
  - ADDITIONAL INFORMATION MENU

CLEAR - EXIT, PF2 - RETURN
MA + a                                07/019
```

2. Enter an "S" next to the Subscriber Name—SSA Cross Reference option. Select Enter.

```
X0404 PLEASE ENTER NAME
                ***** X.04 ALPHA CROSS REFERENCE *****                MAPX041

SEARCH NAME : █

I/U      NAME              AGY   SUB      SSA
-----
PF2-RETURN, PF4-NEW SEARCH, PF7-UP, PF8-DOWN, ENTER-SELECT
MA + a                                04/017
```

3. To search for an employee's record, enter the last name of the subscriber. You can further qualify the search by also entering a comma and first name (e.g., Adams, Sam).
 - To page through the list, select F7 to page up and F8 to page down.
 - To start a new search, select F4.
4. To view or update the record, enter "I" (Inquiry) or "U" (Update) on the line next to the name. Select Enter. The record will open in Inquiry or Update mode if you have the home agency lock.

If the employee is enrolled with another agency, you will receive an "Unauthorized Request" message and limited information will be available.

Dependent Search

1. From the A.43 screen, select F3. The system menu displays.

```

X0202 PLEASE MAKE SELECTION
          ***** X.02 SYSTEM MENU *****
                                     MAPX021

==> TO SELECT AN ITEM IN THIS SECTION
    ENTER 'S' BEFORE OPTION AND PRESS ENTER

    _ SUBSCRIBER NAME-SSA CROSS REFERENCE
    _ DEPENDENT NAME-SSN CROSS REFERENCE
    _ SYSTEM MESSAGES AS OF 07/26/2000 11:39:09
*****
==> TO SELECT AN ITEM IN THIS SECTION
    PLACE CURSOR BEFORE OPTION AND PRESS PF1

    _ CALENDARS - ONLINE SYSTEMS
    _ TRAINING SCHEDULE
    _ SYSTEM AVAILABILITY INFORMATION
    _ ADDITIONAL INFORMATION MENU

CLEAR - EXIT, PF2 - RETURN
  
```

2. Tab to the Dependent Name—SSN Cross Reference line. Enter an "S." Select Enter.



3. To search for a dependent, enter the last name. You can further qualify the search by entering a comma and the first name (e.g., Public, Joan).
 - To page through the list, select F7 to page up and F8 to page down.
 - To start a new search, select F4.
4. To view the record, enter an “I” (Inquiry) on the line next to the name. Select Enter.

If the dependent is enrolled on an account that does not belong to your agency, you will receive an “Unauthorized Request” message and limited information will be available.
5. To view the subscriber’s name and Agency/Sub-Agency information, go to the A.01 screen.

Helpful Tips for Search Options

Page Up/Page Down: Select the F7 and F8 keys to page through the records

Start a New Search: Select F4

- The dependent search may be helpful in resolving dual enrollment issues. When you receive the “PEBB dual enrollment not allowed—contact subscriber for resolution” message, use the dependent search to find the subscriber’s name and agency. Contact the agency to begin resolving the dual enrollment issue. See the **Procedures for Dual Enrollment** section in Chapter 2 of this manual for more information.

- Always begin the dependent search from the A.43 screen. If you begin the dependent search from any screen other than the A.43 screen, you will not have the option to enter the record in Inquiry mode to view the subscriber name and agency information.
- You will receive an “Unauthorized Request” message if your agency does not have the agency lock for the employee. The employee’s name and agency number will be viewable on the A.01 screen.
- Always use “Inquiry” when accessing records of employee and dependent records enrolled in benefits under another agency.