

Newly Eligible Employee Checklist

Employer Groups

Determining Eligibility

Employee and dependent eligibility for PEBB insurance coverage must be determined in accordance with [WAC 182-12-114](#) (employee) and [WAC 182-12-260](#) (dependent).

[Eligibility Worksheets](#) are available on the [Perspay website](#) to help in eligibility determinations and meet all of the notification requirements listed below.

Changes to eligibility requirements are allowed only after these three steps have been completed:

1. The employer has made a written request for a change to eligibility,
2. PEBB has approved the change and
3. The change is included in the signed Interlocal Agreement or amendment with PEBB.

Providing Notification to Employee

Notification of eligibility must be provided to the employee within **5 business days** of:

- The start date of the newly eligible employee, or
- A change in an employee's work pattern, if that change affected the employee's eligibility.

Notification should include both:

- A determination of eligibility for PEBB benefits and
- A statement describing the employee's right to appeal and a description of the employer's appeal process.

Along with proper notification, the employee should receive a copy of, or link to:

- The [Employee Enrollment Guide](#) (which contains the enrollment/change form);
- The [Employee Enrollment/Change form](#) or the [Employee Enrollment Change form for Medical Only Groups](#);
- The [MetLife Enrollment/Change form](#) (included in the enrollment guide);
- The [Long-Term Disability Enrollment/Change form](#) (included in the enrollment guide);
- A link to the PEBB website page [How to Enroll](#).

In addition to the required notifications, PEBB would also strongly recommend that letters or e-mails clearly call the employee's attention to the following:

- Dates of deadlines for enrolling in benefits, 31 days from the initial date of eligibility for: Employee Enrollment/Change form; Life and AD&D Insurance Enrollment/Change form; Long-Term Disability Enrollment/Change form.
- When changes to enrollment can be made:
 - During Annual Open Enrollment (held in November) or
 - When a Special Open Enrollment event occurs (see Employee Enrollment Guide).
- Spousal/Dependent verification requirements.
- Spouse or tobacco use surcharge attestation requirements.
- If employee chooses to waive medical benefits, enrollment in dental, basic life insurance, and basic LTD insurance is required when offered by employer.
- If employee does not enroll or waive, they will default as a single subscriber into Uniform Medical Plan (UMP) Classic and Uniform Dental Plan, and will owe the monthly tobacco surcharge.

*Employers should not wait to give employees the necessary forms to enroll in PEBB benefits during an in-person orientation. Please be mindful that **meetings with new employees may be canceled and never rescheduled or employees may not attend the in-person session.** In-person meetings are not mandatory, but providing the required notifications and materials in a timely fashion is essential to ensure employees have adequate time to make decisions regarding their benefits.*
