Date:

Dear [Insert employee name]

The [insert organization name] has determined that you are eligible for the School Employee’s Benefits Board (SEBB) Program benefits for the 2019-2020 plan year. This decision is based upon the anticipation you will work for at least 630 hours in the 2019-2020 school year or you worked at least 630 hours in each of the previous two school years.

WAC 182-31-040 describes the various ways in which an employee can become eligible for the employer contribution towards SEBB Program Benefits. Specifically:

Subsection (2) of the rule states:

 (2) School employee eligibility criteria:

 (a) A school employee is eligible for the employer contribution if anticipated to work at least 630 hours per school year.

Subsection (5) of the rule states:

*(5) A school employee is presumed eligible for the employer contribution at the start of the school year, as described in subsection (2) (a) of this section, if they:*

*(a) Worked at least six hundred thirty hours in each of previous two school years; and*

*(b) Are returning to the same type of position (teacher, paraeducator, food service worker, custodian, etc.) or combination of positions with the same SEBB organization.*

When making the determination all hours anticipated to be worked in your capacity as a school employee were included. Hours worked from multiple positions within the organization were included in the calculation, if they were applicable. Any hours you may be anticipated to work at other SEBB organizations were not included. Hours associated with paid holidays were excluded.

Your SEBB benefits will be effective January 1, 2020. You will need to enroll in SEBB benefits through SEBB My Account, the on-line enrollment system, during the first annual open enrollment period which runs from October 1 – November 15, 2019. This is also the time period in which you can enroll eligible dependents on your account. If enrolling dependents, you will need to provide proof of their eligibility before they can enroll under your coverage. This proof needs to be provided within the open enrollment timeframe. Paper enrollment forms can be attained from your organization. Completed paper forms must be received by your organization no later than November 15, 2019.

Failure by you to enroll during the first annual open enrollment period will result in you being “defaulted” as a single subscriber. Default plans will be as follows:

* Uniform Medical Plan (UMP) Achieve 1 ($33 monthly premium)
* Uniform Dental Plan
* MetLife Vision Plan
* Basic Life Insurance
* Basic Accidental Death and Dismemberment (AD&D) Insurance
* Basic Long Term Disability (LTD) Insurance

Additionally, your dependents, if any, will not be enrolled, and a $25 monthly tobacco use premium surcharge will be incurred in addition to your $33 monthly medical premium.

Your organization will notify you if you have a change that affects your eligibility for SEBB benefits.

You have the right to ask your organization to re-evaluate your eligibility at any time.

If you disagree with this determination you have the right to appeal it and any future eligibility determinations for SEBB Program benefits through the SEBB appeals process described in (WAC 182-32-2020).

The SEBB appeals process begins with you requesting a review of the eligibility determination from your organization. Please complete the *Employee Request for Review/Notice of Appeal* form found on the SEBB website and attach a copy of this letter. Your organization must receive your request for review no later than 30 days from the date on this letter. For a complete explanation of the appeals process and appeal forms, visit the SEBB website at: [hca.wa.gov/about-hca/file-appeal-sebb](https://www.hca.wa.gov/about-hca/file-appeal-sebb)

Sign and date this letter and return it to your organization.

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Employee signature Date

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Organization representative (please print) Date