Date:

Dear [Insert name of employee]

The [insert SEBB Organization name] has determined that you are not eligible for the employer contribution toward School Employee’s Benefits Board (SEBB) Program benefits for the 2019-2020 school year. This decision is based upon the anticipation you will work for less than 630 hours in the 2019-2020 school year even though your organization acknowledges you have worked for at least 630 hours with them 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 toward SEBB Program benefits. The eligibility criteria used to determine your eligibility is in subsection (5) of the rule which 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.*

The specific reasons why you are not anticipated to work at least 630 hours in the 2019-2020 school year are noted below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 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