Dear      ,

During a retrospective review of your eligibility for PEBB Program insurance it was discovered that you regained eligibility for PEBB Program benefits on      . In order to correct the notification failure, we are providing written notification of your eligibility and offering you a new enrollment period. (WAC 182-08-187)

* **Medical and Dental insurance:** The *Employee Enrollment/Change* form must be received by this office no later than 31 days after the date of this notification.

Failure to return the form within 31 days will result in automatic enrollment in Uniform Medical Plan Classic and Uniform Dental Plan as a single subscriber (no dependents enrolled). In addition, you will be subject to the tobacco use premium surcharge. (WAC 182-08-197(1)(b))

Your effective date of coverage is      . However, you have the option to request retroactive enrollment as allowable under the recourse options outlined below. If you request retroactive enrollment, you will not be responsible for premiums for any months prior to this notification.

* **Life Insurance:** Your employer-paid basic life insurance will be reinstated back to the first day of the month in which you regained eligibility for PEBB Program benefits. If you did not self-pay your optional life insurance, evidence of insurability will be required to reinstate your optional life insurance through MetLife.
* **Long-Term Disability Insurance**: Your employer-paid basic long-term disability insurance will be enrolled back to the first day of the month in which you regained eligibility for PEBB Program benefits. You were not eligible to self-pay your optional long-term disability coverage. Optional long-term disability will be enrolled with the same waiting period in place prior to your leave effective the first day of the month in which you regained eligibility provided the back premiums are paid. Evidence of insurability is not required. A separate form will be provided for the optional long-term disability correction with the amount of back premiums owed.

Recourse options may be considered for medical and dental for the time period of       to      .

**Recourse Options:**

When correcting enrollment errors, the employer must work with the employee and Health Care Authority to implement insurance coverage within the following parameters:

* Retroactive enrollment in a PEBB Program health plan;
* Reimbursement of claims paid;
* Reimbursement of amounts paid for medical and dental premiums; or
* Other recourse, upon approval by Health Care Authority

Recourse must not contradict a specific provision of federal law or statute and does not apply to requests for non-covered services or in the case of an individual who is not eligible for PEBB Program benefits.

An employee who does not agree with a recourse decision of the employing agency or the Health Care Authority may appeal the decision by submitting an appeal within 30 days as outlined in WAC 182-16.

Failure to respond within 31 days of this notice will result in enrollment as described in WAC 182-08-197(1)(b) with no option for recourse. The effective date of coverage will be prospective from the date of notification as described above.

Select the appropriate response below and sign and date the letter confirming your request:

[ ]  I agree to enrollment in medical and dental with a prospective effective date of      . I do not choose to pursue additional recourse.

[ ]  I choose to enroll in medical and dental retroactive with an effective date of      . I understand my employer will pay for retroactive medical premiums due. I will be responsible for medical premiums effective      . I do not wish to pursue any additional recourse.

[ ]  I choose to pursue the following recourse:

 .

Employee Signature: Date: .

Sincerely,