Dear      ,

During a retrospective review of your eligibility for PEBB insurance it was discovered that you regained eligibility for PEBB 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 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 benefits. Supplemental life insurance will be enrolled at the same level of coverage that was continued during your period of leave.
* **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 benefits. Our records indicate that you were not enrolled in optional long-term disability prior to leave. If you choose to enroll in optional long-term disability, you must submit an *Evidence of Insurability* form to The Standard for approval.

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 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 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.

Sincerely,