

# **Chapter 1**



## ***Introduction to the PAY1 Insurance System***

*For all Employers*

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## Introduction

This manual is intended for use as a training document only. The purpose of this manual is to assist you with the data entry of employee information that affects Health Care Authority-sponsored (HCA) PEBB insurance coverage. The following instructions pertain to information relevant to HCA insurance ONLY. If you have questions about the insurance screens or any of the insurance procedures contained in this manual, contact:

HCA (PEBB) Outreach and Training

Phone: 1-800-700-1555

HCA Support: <https://support.hca.wa.gov/hcasupport>

## Contact Information

<b>Health Care Authority</b> Employee and Retiree Benefits (ERB) Division Public Employees Benefits Board Program • PO Box 42684 • Olympia, WA 98504-2684	
<b>Outreach and Training</b> For Personnel / Payroll / Benefits Use Only	
Outreach and Training (O&T)	1-800-700-1555
Secure messaging:	<a href="https://support.hca.wa.gov/hcasupport">https://support.hca.wa.gov/hcasupport</a>
PEBB BA website:	<a href="http://www.hca.wa.gov/pebb-benefits-administrators">www.hca.wa.gov/pebb-benefits-administrators</a>
Download forms and order materials:	<a href="http://www.hca.wa.gov/pebb-benefits-admins/forms-and-publications">www.hca.wa.gov/pebb-benefits-admins/forms-and-publications</a>
Fax Number:	(360) 725-0771

## Accounting Terms

### *Current Process Month*

The monthly insurance invoicing is divided into three cycles due to the large number of PEBB-participating agencies. "Current process month" identifies the specific period of time for which the insurance system is billing an agency. The "begin" and "end" date of an agency's current process month depends on which one of the three invoicing cycles the agency is in.

**Invoicing Cycle 1:** Includes K-12 school district active employees.  
Current process month runs from approximately the 24<sup>th</sup> of one month through the 23<sup>rd</sup> of the following month. (E.g., the 24<sup>th</sup> of May through the 23<sup>rd</sup> of June is Process Month June.)

**Invoicing Cycle 2:** Includes higher education and employer groups.  
Current process month runs from approximately the 27<sup>th</sup> of one month through the 26<sup>th</sup> of the following month. (E.g., the 27<sup>th</sup> of May through the 26<sup>th</sup> of June is Process Month June.)

**Invoicing Cycle 3:** Includes state agencies.  
Current process month runs from approximately the 1<sup>st</sup> of the month through the 30<sup>th</sup> or 31<sup>st</sup>. (E.g., the 1<sup>st</sup> of June through the 30<sup>th</sup> of June is Process Month June.)

### *Lower Limit Date*

The "lower limit date" is a timeframe in which PEBB allows employers to make retroactive enrollments or updates to an employee's account. If the correct date to be keyed is beyond the lower limit date, **do not** use an incorrect date. See the *Lower Limit and Current Process Calendar* guidance for lower limit dates on the [PEBB BA website](#).

### *Rescission*

The system allows terminations and changes as far back as the lower limit date. Incorrect effective or term dates should not be used unless PEBB directs otherwise. Refer to [Policy 19-1, Addendum 19-1A](#) Termination due to loss of eligibility, for the correct termination date based on federal rescission rules. If you receive the error message that says, "Requires Approval," back out of the screen and notify O&T through [HCA Support](#). **Do not key an incorrect date and request that we correct the date.**

### *Future Process*

Transactions may be entered one month in advance of the effective date. The entry will pend until the effective date is equal to the current process period. (e.g., if on April 15<sup>th</sup> you enroll an employee effective May 1<sup>st</sup>, the action will display as a pending until processing month May is reached. In May, the action will move to the Current Coverage fields.)

During annual open enrollment, health and dental plan changes with an effective date of January 1 may be entered two months into the future.

### ***Gap 9 Interface (state agencies using HRMS only)***

A daily interface that transfers information from Pay1 to HRMS. This interface populates the Pay1 insurance system with name, social security number, address, birth date, gender, and salary for new hires.

### ***Gap 16 Interface (state agencies using HRMS only)***

A daily interface that transfers information from Pay1 to HRMS. This interface contains new enrollment, medical and dental plan changes, family composition changes, terminations, and effective dates.

### ***Home Agency***

Refers to the agency responsible for the employee's employer contribution for benefits and maintaining the Pay1 insurance screens.

## **Eligibility Terms**

### ***Eligibility Date***

The date the employee is eligible for benefits. This date may be different than the effective date of benefits. The eligibility date:

- Is typically the employee's first day of work, if the employee meets the eligibility criteria under WAC 182-12-114, or
- The date the employing agency revises the employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria under WAC 182-12-114, or
- The first of the month following the six-month averaging period, based on meeting the eligibility criteria under WAC 182-12-114.

### ***Insurance Effective Date***

The date benefits begin. Medical, dental, basic life and employer-paid and employee-paid LTD begin the first day of the month following the date the employee becomes eligible. If the employee becomes eligible on the first working day of the month, then benefits begin on that date.

### ***Annual Open Enrollment***

Annual open enrollment is a time period each year in which employees may reinstate previously waived medical coverage without proof of loss, add eligible dependents without proof of loss (*dependent verification is required*), remove dependents, change medical and/or dental plans, change IRC Section 125 waiver status, or enroll in or re-enroll in a medical FSA and/or DCAP account (*only state agencies and higher education institution employees are eligible to enroll in a medical FSA/DCAP*).

### ***Special Open Enrollment***

A special open enrollment occurs when an individual employee or eligible dependent has a qualifying event that affects the employee's health coverage. Depending on the qualifying event, the employee may reinstate previously waived medical coverage with proof of loss, add

eligible dependents, remove dependents, change medical and/or dental plans, and enroll in or change their medical FSA and/or DCAP contribution (*only state agencies and higher education institution employees are eligible to enroll in a medical FSA and/or DCAP*).

Changes to the employee's account must be directly related to the qualifying event. To make a change, the appropriate form(s) must be received by the personnel, payroll, or benefits office no later than **60 days** after the qualifying event.

Special open enrollment is defined in WACs 182-08-198, 182-12-128, 182-12-205, and 182-12-262. Special open enrollment guidance and allowable changes are available in [Policy 45-2](#), [Addendum 45-2A](#).



## Access to the PAY1 System through Secure Access WA

These instructions are for user's who access the PAY1 system through Secure Access.

If you do not use Secure Access, skip to the next section.

1. Link to [Secure Access Washington](#).

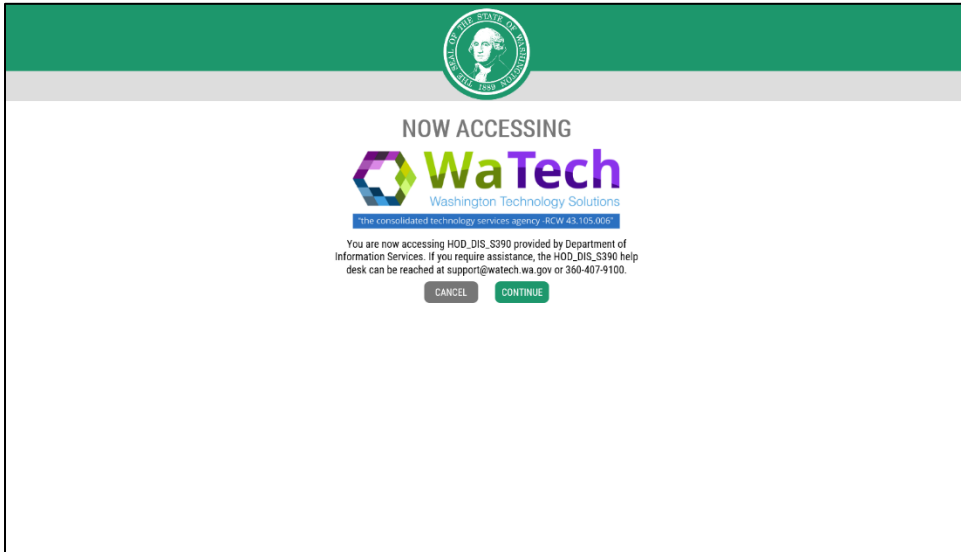
The screenshot shows the login interface for Secure Access Washington. At the top, there is a green banner with the state seal and a 'WELCOME' message. Below this is a navigation bar with the 'SecureAccess Washington' logo and three buttons: 'SIGN UP!', 'GET HELP', and 'TIPS ON'. The main area is split into two columns. The left column is titled 'LOGIN' and contains a 'USERNAME' field, a 'PASSWORD' field, a 'SUBMIT' button, and two links: 'Forgot your username?' and 'Forgot your password?'. The right column is titled 'ON BEHALF OF WASHINGTON STATE AGENCIES' and features a graphic of the state of Washington with the text 'WASHINGTON STATE AGENCIES' overlaid.

**Note:** To make access easier in the future, save the web address as a favorite in your web browser.

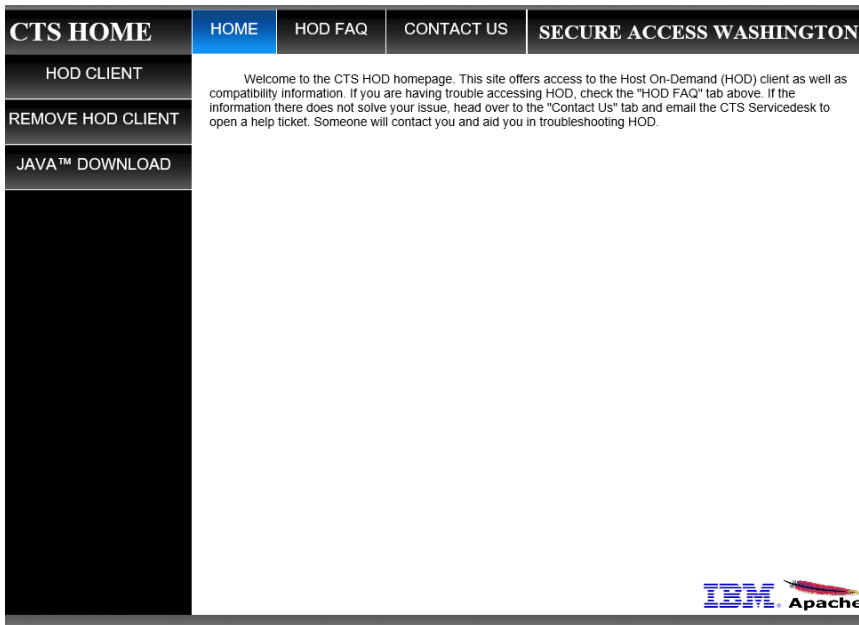
2. Enter your User ID and Password. Click on Login. The *My Secure Services* page opens.

The screenshot displays the 'My Secure Services' dashboard. It has a green header with the state seal and a 'GOOD AFTERNOON!' greeting. Below the header is a navigation bar with the 'SecureAccess Washington' logo and buttons for 'ACCOUNT', 'GET HELP', 'TIPS ON', and 'LOGOUT'. The main content area is divided into several sections. On the left, there is an 'ADD A NEW SERVICE' button. In the center, there is a table with the following columns: 'SERVICE', 'DESCRIPTION', 'MEMBERSHIP', and 'ACTION'. The table contains one row with the following data: 'HDL\_HCA', 'HDL eSeries Host On Demand provides security-rich web-to-host terminal emulation. This group is administered by Health Care Authority.', 'Active', and a 'Remove' link. On the right, there is a 'SHOWING YOUR SERVICES FROM ALL OF WASHINGTON' dropdown menu and a graphic of the state of Washington with the text 'WASHINGTON STATE AGENCIES' overlaid.

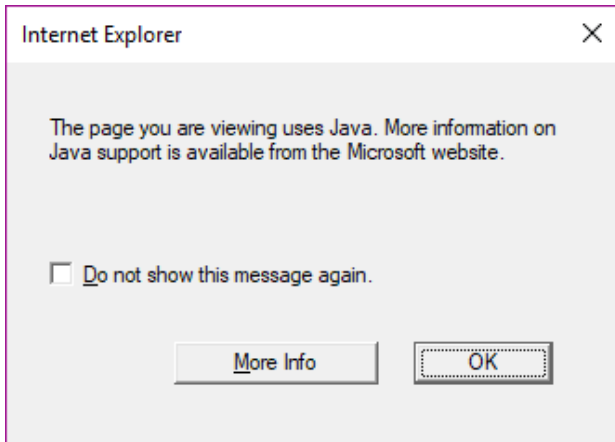
3. Click the HOD\_HCA link. Click Continue.



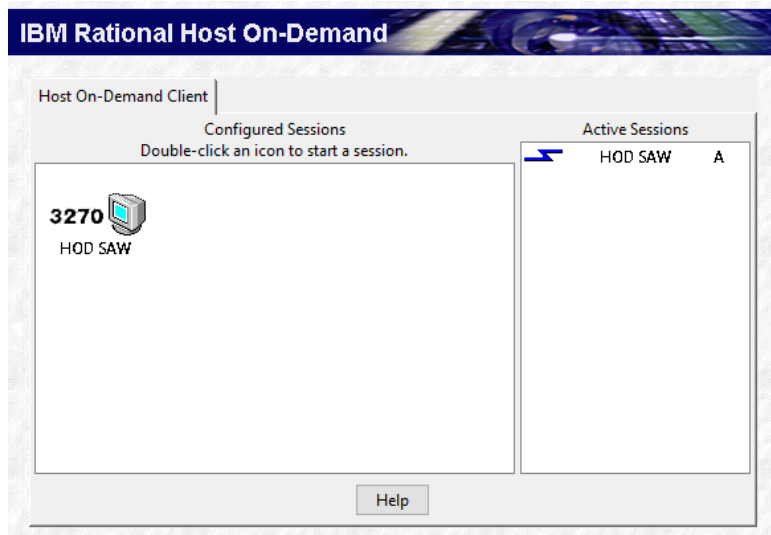
4. The CTS Home page opens. Click on HOD Client.



5. Click on the Run button



6. If you work with dual screens, Pay1 will display on one screen, while a new tab is created on your internet display showing that HOD SAW as an Active Session. If you work with one screen then you may need to close or minimize your internet screen in order to view the Pay1 program display.



## Access to the Pay1 System

1. Open Pay1 (if not already open from accessing through HOD SAW).  
Type your RACF (mainframe) User ID and RACF Password. Enter.

```

>>>>>@ CA - TPX @<<<<<<                                REL 5.3/00

STATE OF WASHINGTON - AUTHORIZED USE ONLY

This site contains government information. Your use may be monitored.
Unauthorized use is subject to civil, criminal, and/or administrative action.

If you are AUTHORIZED, type in your USERID and PASSWORD.

Unicenter CA-TPX Session Management
Copyright (c) 2003 COMPUTER ASSOCIATES INTERNATIONAL, INC.

Userid:      |          (or LOGOFF)          14:31:56
Password:    |                               07/08/14
New Password: |                               NTV102C0
Account:     |                               3278-2A
Transfer:    |                               SMRTTV

PF1=Help    PF3=Logoff

MA | + a                                                    14/020
  
```

2. Place your cursor in the CICP3 row. Enter.

```

TPX MENU FOR          DM12111                                Panelid - TEN0041
                                                            Terminal - NTV102C0
Cmdkey=PF12/24      Jump=PA2          Menu=PA1          Model - 3278-2A
Print=NONE          Cmdchar=/          Logoff=/K          System - NTPXVU

  Sessid   Sesskey   Session Description   Status
  |-----|-----|-----|-----|
  | C I C P 3 | P F | Statewide Financial/Payroll Sys. |
  | _ C I C P 3 2 | P F | Statewide Financial/Payroll Sys. |
  | _ T S O V 1 | P F | TSO ON V1RA |
  | _ C A 7 | P F | HRISD CA7 SCREEN |
  | _ T S O V 1 2 | P F | TSO ON V1RA |
  | _ C I C X 2 | P F | CICS - TEST DB112 |
  | _ C I C X 2 2 | P F | CICS - TEST DB112 HRMS Session |
  | _ C I C Q A | P F | CICS - QUAL DB113 |
  | _ C I C D 1 | P F | CICS - DEMO DB114 |
  | _ C I C X 1 | P F | CICS - QFIX DB117 |
  | _ T S O V 3 | P F | TSO ON V3HC | N/A

Command ==>
PF1=Help PF7/19=Up PF8/20=Down PF10/22=Left PF11/23=Right H =Cmd Help

MA | + a                                                    08/004
  
```

3. Enter your RACF (mainframe) user ID and RACF password. Enter.

```
06/29/2017          CICS Application ID: NCICP3          11:48:47
STATE OF WASHINGTON - AUTHORIZED USE ONLY
This site contains government information. Your use may be monitored.
Unauthorized use is subject to civil, criminal, and/or administrative action.
If you are AUTHORIZED, type in your USERID and PASSWORD.
USERID  _
PASSWORD
NEW PASSWORD
CONFIRM NEW PASSWORD
Press ENTER to process or PF3 to END
```

4. The message "Sign-on Complete" displays. Type "Pay1" at the cursor. Enter.

```
SIGN-ON COMPLETE.
M + a 01/001
```

5. Enter your Agency code. Tab to the Sub-Agency field. Enter your Sub-Agency code, if applicable. If you do not have a sub-agency code, tab to the SSN field.

Enter your social security number. Tab to the Password field.

Enter your PAY1 Password. Select Enter.

```
***** GOOD AFTERNOON - PLEASE ENTER SIGN-ON INFORMATION *****
***** PERSONNEL PAYROLL ONLINE SYSTEMS ***** MAPX011
***** OPERATOR IDENTIFICATION *****

AGENCY:  SUB-AGENCY:  SSN:  PASSWORD:
                NEW PASSWORD:

SELECTION:

HELP:  PRESS PF1 FOR ONLINE INSTRUCTION

*****
*** YOU WILL BE ACCESSING PRODUCTION FILES ***
*****

***** TO LEAVE THE SYSTEM FROM ANY SCREEN *****

CLEAR - EXIT
PF12 - EXIT AND LOGOFF

ENTER - NEXT SELECTION, PF1 - HELP, PF3 - SYSTEM MENU
MA + a 07/012
```

6. In the Selection field, enter A.01 to access the A.01 screen. Select Enter.

```
***** PERSONNEL / PAYROLL MENU ***** MAPY011
***** FOR DEMO CICS *****

SYSTEM : 0.00 PERS/PAY ONLINE
MENU TITLE : 0.00 SYSTEM MENU
SELECTION :
HELP : PRESS PF1 FOR ONLINE INSTRUCTIONS
-----
A.00 PAYROLL SYSTEM MENU

PF1 - HELP, PF2 - RETURN, PF3 - SYSTEM, PF7 - PAGE UP, PF8 - PAGE DOWN
MA + a 07/018
```

## Password Requirements

Passwords **must**:

- Be eight characters in length.
- Contain at least one number (i.e., 0, 1, 2, ... 9)
- Contain at least one alphabetic character (i.e., a, b, c ... z) **Note:** Passwords are not case sensitive; all characters are converted to upper case before processing.
- Contain at least one of the following special characters: #, \$, or @. **Note:** No other special characters are valid in passwords.
- Change at least every 60 days. Security maintains a history of each user's five most recent passwords and does not allow reuse.

Passwords **may not**:

- Contain the first three to six consecutive characters of your name as it appears in the security database. (E.g., John Barrymore cannot use joh, john, bar, barr, barry, or barrym anywhere in the password.)
- Contain your user ID.

### Examples of Passwords

User's name in database = John Smith, User's ID = JS00211

#### Valid Password Examples

- \$ismksc9 (contains numeric character, special character, and alpha characters)
- b\$o#ca22 (contains numeric characters, special characters, and alpha characters)
- m@129apy (contains numeric characters, special character, and alpha characters)

#### Invalid Passwords

- Moneybag (contains alpha characters only)
- Moneyba2 (contains alpha and numeric characters only)
- cev#ga2 (less than 8 characters)
- \$2749638 (contains numeric characters and special character only)
- js00211# (contains user's User ID)
- john#007 (contains part of username, "john")
- #2smi\$56 (contains part of username, "smi")

## Password Tips

### *Entering Passwords*

Be careful entering your eight-character password on the RACF and Pay1 sign-in screens. The input field for the password is eight characters and the cursor will automatically advance to the “New Password” field. If you accidentally type a character in that field and press Enter, the system assumes you are trying to change your password and prompts you to re-enter your new password for verification. Select F3 to escape the sign-in screen and start over.

### *Choosing a Good Password*

- Avoid obvious passwords. Do not use names of children, spouses, pets, favorite sports teams, birthdays, or similar personal things others are also likely to know.
- Do not use a word found in a dictionary. If you want to use a word, mix in special characters and numbers, or even intentionally misspell the word, such as #guvnor1 or @2gether.
- Make up an acronym on a song, a sentence, poem, or rhyme, and mix in special characters and numbers to a length of eight characters, as in the following examples.

“I Saw Mommy Kissing Santa Clause”   ism\$9ksc

“The Check Is In The Mail”               5#tciitm

“My Dog Fido Drools A Lot”             mdfdal@7

- Do **not** use any of these examples...be creative and make up your own schemes!

### *Safeguarding Your Password*

- NEVER tell your password to anyone, including co-workers.
- NEVER share your user ID and password with others. You alone are responsible for how your user ID is used.
- Do not write down your password. A written password is more easily discovered than one committed to memory.

## *Pay1 Access and Password Information & Assistance*

### **Definitions:**

- **Secure Access Washington (SAW)** allows agencies to access multiple online government services with the use of a single user ID and password. By creating a SAW account, you can interact with many government agencies, like Labor and Industries, Department of Ecology, Department of Social and Health Services, and more with just one account. For more information, visit <http://support.secureaccess.wa.gov/>.
- **Host on Demand (HOD)** is a service within Secure Access Washington that allows designated personnel/payroll/benefits/HR staff to access the PAY1 mainframe to maintain employee insurance accounts.



- **Pay1** is the insurance and accounting system in which employee’s health benefits are maintained.
- **RACF USER ID** is the unique name and number used on the first two logon screens to access the mainframe (e.g. mfox107).
- **RACF Password** is the password used on the first two logon screens to access the mainframe.
- **Pay1 Password** is the password that is required on the third logon screen to access Pay1.

### ***Password General Information:***

- There are three screens that require a password when logging into Pay1:
  - The first logon screen is called the CA-TPX screen and the second is the mainframe screen. Both use a password referred to as the “**RACF**” password.
  - The third logon screen is called Pay1. The password on this screen is referred to as the “**Pay1**” password.
- RACF and Pay1 are two separate systems.
  - If you get a message that your password has been “**Revoked**” that means you need to have your RACF password reset.
  - If you get a message that your password has “**Expired**” that means you need to have your Pay1 password reset.

### **Higher Education Institutions:**

- If you need assistance with SAW/HOD (Host on Demand) services, use the support links at <http://support.secureaccess.wa.gov/> or contact Washington Technology Solutions (WATech) (contact information on next page).
- If you need assistance resetting your RACF password, contact the security designee at your agency or contact WATech.
- If you need assistance resetting your Pay1 password, contact the security designee at your agency, or contact Health Care Authority (HCA) (*contact information on next page*).
- If you need security access for a new Pay1 user, you must first establish a RACF USER ID and password. Contact WATech to receive a RACF USER ID and password and security designee at your agency or HCA to receive a Pay1 password.

### **Employer Groups:**

(K-12, ESD’s, Political Subdivisions, and Tribal Governments)

- If you need assistance with SAW services, use the support links at <http://support.secureaccess.wa.gov/> or contact WATech.
- If you need assistance with Host on Demand (HOD), contact WATech.

- If you need assistance resetting your RACF password and logon:
  - Ends with 107 (e.g. mfox107), contact the security designee at your agency or contact HCA.
  - Does not end with 107, contact WATech.
- If you need assistance resetting your Pay1 password, contact O&T (contact information below).
- If you need to set up security access for a new Pay1 user, contact O&T.

### **Contacts:**

- **Washington Technology Solutions (WATech)**  
1-888-241-7597  
[servicedesk@watech.wa.gov](mailto:servicedesk@watech.wa.gov)
- **Health Care Authority (HCA) HelpDesk**  
360-725-1111  
[servicedesk@hca.wa.gov](mailto:servicedesk@hca.wa.gov)
- **Outreach and Training (O&T)**  
1-800-700-1555  
[HCA Support](#)

## Command Line Review

The command line is located at the bottom of every screen (highlighted below).

```

A0105 PLEASE ENTER REQUEST
                ***** A.01 - PERSON DATA *****                MAPA011

SOC SEC:                HOME AGY/SUB-AGY:
LAST NAME:              SUFFIX:
FIRST NAME:             ----PHONE----:
MIDDLE NAME:           BUSINESS/WORK:
SHORT NAME:              HOME:

HOME ADDRESS:
LINE1:                  ADDR EFF DATE:
LINE2:
LINE3:                  COUNTY:
CITY:                   ST:          ZIP CD:
                        COUNTRY CD:

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:                   ST:          ZIP CD:
                        COUNTRY CD:

BIRTH DT:              GENDER:      DEPN ST:

IEW SSA:                P2-PRT :
EXT FUNCTION: A 01 TYPE: █ SSA:      AGY:      SUB:      PAY ACTION :
                ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM
    
```

**Next Function**—Enter one of the insurance screens below:

<b>A.01</b>	Person Data (i.e., name, address, etc.)
<b>A.41</b>	Subscriber Data (i.e., eligibility, enrollment, transfer employee, or terminate insurance)
<b>A.42</b>	Display Dependents ( <i>this screen is only available for employees with more than one dependent; a maximum of 15 dependents may be listed</i> )
<b>A.43</b>	Dependents Data
<b>A.44</b>	Health and Dental Coverage
<b>A.45</b>	Life Coverage
<b>A.46</b>	LTD Coverage
<b>A.51</b>	Subscriber History
<b>A.53</b>	Spouse and Dependent History
<b>A.55</b>	Life and LTD Coverage History

**Type** — Enter the valid code to add, inquire (view), or update a record.

<b>A</b>	Add a record
<b>I</b>	Inquire (view a record)
<b>U</b>	Update a record

**SSA**—Social security number of the employee

**AGY**—Agency code

**Sub**—Sub-agency code, if applicable

The Function options below are determined by the Type (“**A**,” “**I**,” or “**U**”) entered.

<b>Enter</b>	Opens the next logical screen or the screen number entered into the Next Function field
<b>F1</b>	Online help
<b>F2</b>	Personnel/Payroll menu
<b>F3</b>	System menu (Name–SSA Cross Reference)
<b>F4</b>	Cancel any changes made
<b>F9</b>	Subscriber history screens
<b>F10</b>	Updates the record
<b>F12</b>	Exit

## A.01—Person Data

```
***** A.01 - PERSON DATA *****                               MAPA011
SOC SEC:    999 99 0024      ID#: 000847794      HOME AGY/SUB-AGY: 107
LAST NAME:  SAMUELS          SUFFIX:
FIRST NAME: SAM              ----PHONE----:
MIDDLE NAME: OSCAR          BUSINESS/WORK: 360 123 4569
SHORT NAME: SAMUELS, SAM OSCAR      HOME: 360 321 6458
EMAIL ADDRESS:                OPT IN:
HOME ADDRESS:
LINE1:    34 CHERRY STREET      ADDR EFF DATE: 02 06 2019
LINE2:
LINE3:
CITY:    OLYMPIA              COUNTY: 34 THURSTON
                                      ST: WA  ZIP CD: 98504
                                      COUNTRY CD:
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:
                                      ST:      ZIP CD:
                                      COUNTRY CD:
BIRTH DT: 10 25 1979  GENDER: M  PERM ST:
NEW SSA:
NEXT FUNCTION: A 41  TYPE: I  SSA: 999 99 0024  AGY: 107  SUB:      PAY ACTION:
INQUIRY ONLY  ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM
```

This is the first screen established in the insurance enrollment process. A person record must exist before insurance enrollment may be completed.

When a subscriber works for more than one agency or sub-agency, only one agency has the authority and responsibility for maintaining the record. This agency/sub-agency is considered the home agency and is responsible for the subscriber's insurance. The home agency lock is set when you enter your agency and sub-agency (if applicable) on the A.41 screen.

If your agency is responsible for a subscriber's insurance, but you do not have security for the A.01 screen, contact the agency shown at the top of the screen in the Home Agency field and request an insurance agency transfer, or contact O&T.

**State agencies using HRMS** – The person record is created by the nightly GAP9 interface from HRMS.

**All other employers** – The person record is manually created by the employer.

## A.01 Fields

<b>Soc Sec:</b>	Displays/enter the employee's social security number.
<b>Home Agy/Sub-Agy:</b>	Displays the home agency entered on the A.41 screen. This is the OFM assigned, or HCA assigned number for each agency.  The home agency has the "home agency lock" and is responsible for the employer contribution.
<b>Last Name:</b>	Employee's last name.
<b>Suffix:</b>	Employee's name suffix if one exists (e.g. JR, SR, I, II, III).
<b>First Name:</b>	Employee's first name.
<b>Middle Name:</b>	Employee's middle name.
<b>Business/Work:</b>	Employee's business phone number, including area code.
<b>Short Name:</b>	Short name is created from the long name fields (last name, first name, middle name), with a maximum of 20 characters. The short name is used for reporting purposes only.
<b>Home:</b>	Employee's home phone number, including area code.
<b>Email Address:</b>	Employee's email address.
<b>Opt In:</b>	Updated by the employee through the <i>My Account</i> link on the PEBB website. One of the following codes may display:  "Y" indicates an employee chose to receive information through email "X" shows an employee agreed to the terms of use for <i>My Account</i> "N" indicates an employee will continue to receive information in paper form
<b>Home Address:</b> (Lines 1, 2, 3)	Employee's street address. Each address line has a maximum of 30 characters. Use all 30 characters on Address Line 1 without using punctuation. (Use USPS punctuation standards. A complete guide to USPS standards is available at <a href="http://pe.usps.com/text/pub28/welcome.htm">http://pe.usps.com/text/pub28/welcome.htm</a> .)  This address will be used to determine plan availability. If no address is entered in the Mailing Address field, the employee will receive mail at this address. <i>State agencies using HRMS – Enter all address changes in HRMS. The nightly GAP9 report will update Pay1.</i>
<b>Addr Eff Date:</b>	Defaults to the current date when an employee's record is established. This date must be updated if the address is changed. Enter the actual date of the move, if known. Otherwise, enter the signature date on the employee's change form.
<b>County:</b>	An entry in this field will update the County field on the A.41 screen. A county code is required for Washington State addresses only.  <a href="#">View County codes</a>
<b>City:</b>	City for employee's home address.
<b>St:</b>	State for employee's home address. For a foreign address, use "ZZ" or the Canadian Province code in the State field.  <a href="#">View State, Military State, and Canadian Province codes</a>
<b>Zip CD:</b>	Employee's home address zip code. For a foreign address, use the zip code for the region. If a Canadian address, enter the Canadian zip code without spaces. Note: The Canadian Province code or "ZZ" for all other countries must be entered in the State field to allow the zip code field to accept alpha-numeric characters or remain blank.
<b>Country CD:</b>	A Country code is required if the State field is a Canadian Province or "ZZ."

	American Territory codes are also entered in the Country code field. A country code is <b>not</b> required for U.S. addresses. For a list a valid country codes, visit <a href="http://countrycode.org">http://countrycode.org</a> .
<b>Mailing Address:</b> (Lines 1 and 2)	Employee's mailing address, if provided. Use USPS punctuation standards. (A complete guide to USPS standards is available at <a href="http://pe.usps.com/text/pub28/welcome.htm">http://pe.usps.com/text/pub28/welcome.htm</a> .) This address, if entered, will be used for mail delivery purposes by HCA. <i>State agencies using HRMS – Enter all address changes in HRMS. The nightly GAP9 report will update Pay1.</i>  <b>Note:</b> <i>The mailing address is optional. If no mailing address exists, the home address will be used for mailings.</i>
<b>City:</b>	City for employee's mailing address.
<b>St:</b>	State for employee's mailing address. For a foreign address, use "ZZ" or the Canadian Province in the State field.
<b>Zip CD:</b>	Employee's mailing address zip code. For a foreign address, use the zip code for that region. If a Canadian address, enter the Canadian zip code without spaces. Note: The Canadian Province or "ZZ" for all other countries must be entered into the State field to allow the zip code field to accept alpha-numeric characters or remain blank.
<b>Country CD:</b>	A Country code is required if the State field is a Canadian Province or "ZZ." American Territory codes are entered in the Country code field. A Country code is <b>not</b> required for U.S. addresses. For a list a valid country codes, visit <a href="http://countrycode.org">http://countrycode.org</a> .
<b>Birth Dt:</b>	Employee's date of birth. <b>Note:</b> <i>When correcting an employee's date of birth, re-key all fields with month, day, and year (06 15 1975).</i>
<b>Gender:</b>	Gender of the employee.
<b>Perm St:</b>	Permanent status of employee. <b>This field is not keyed.</b>
<b>New SSA:</b>	Used to correct an employee's social security number (SSN). <i>State agencies using HRMS – When correcting an employee's SSN, make the correction in both Pay1 and HRMS on the same day to keep the systems in sync.</i>  <b>Caution:</b> <i>Do not make multiple SSN changes to the same record on the same day in Pay1. If you make an error entering the SSN, wait one day before correcting. Multiple changes in the same day will cause billing problems and missing invoice history records.</i>

## Pay1 Codes

### County:

01	Adams	09	Douglas	17	King	25	Pacific	33	Stevens
02	Asotin	10	Ferry	18	Kitsap	26	Pend Oreille	34	Thurston
03	Benton	11	Franklin	19	Kittitas	27	Pierce	35	Wahkiakum
04	Chelan	12	Garfield	20	Klickitat	28	San Juan	36	Walla Walla
05	Clallam	13	Grant	21	Lewis	29	Skagit	37	Whatcom
06	Clark	14	Grays Harbor	22	Lincoln	30	Skamania	38	Whitman
07	Columbia	15	Island	23	Mason	31	Snohomish	39	Yakima
08	Cowlitz	16	Jefferson	24	Okanogan	32	Spokane	Blank	Out of State/Country

### **State:**

<b>AL</b>	Alabama	<b>IL</b>	Illinois	<b>MT</b>	Montana	<b>RI</b>	Rhode Island
<b>AK</b>	Alaska	<b>IN</b>	Indiana	<b>NC</b>	North Carolina	<b>SC</b>	South Carolina
<b>AR</b>	Arkansas	<b>IA</b>	Iowa	<b>ND</b>	North Dakota	<b>SD</b>	South Dakota
<b>AZ</b>	Arizona	<b>KS</b>	Kansas	<b>NE</b>	Nebraska	<b>TN</b>	Tennessee
<b>CA</b>	California	<b>KY</b>	Kentucky	<b>NH</b>	New Hampshire	<b>TX</b>	Texas
<b>CO</b>	Colorado	<b>LA</b>	Louisiana	<b>NJ</b>	New Jersey	<b>UT</b>	Utah
<b>CT</b>	Connecticut	<b>MA</b>	Massachusetts	<b>NM</b>	New Mexico	<b>VA</b>	Virginia
<b>DE</b>	Delaware	<b>MD</b>	Maryland	<b>NV</b>	Nevada	<b>VT</b>	Vermont
<b>DC</b>	District of Columbia	<b>ME</b>	Maine	<b>NY</b>	New York	<b>WA</b>	Washington
<b>FL</b>	Florida	<b>MI</b>	Michigan	<b>OH</b>	Ohio	<b>WI</b>	Wisconsin
<b>GA</b>	Georgia	<b>MN</b>	Minnesota	<b>OK</b>	Oklahoma	<b>WV</b>	West Virginia
<b>HI</b>	Hawaii	<b>MO</b>	Missouri	<b>OR</b>	Oregon	<b>WY</b>	Wyoming
<b>ID</b>	Idaho	<b>MS</b>	Mississippi	<b>PA</b>	Pennsylvania		

### **Military State:**

<b>AA</b>	Armed Forces (the Americas)
<b>AE</b>	Armed Forces Europe
<b>AP</b>	Armed Forces Pacific
<b>ZZ</b>	Out of country



## Canadian Province:

<b>AB</b>	Alberta	<b>NU</b>	Nunavut
<b>BC</b>	British Columbia	<b>ON</b>	Ontario
<b>MB</b>	Manitoba	<b>PE</b>	Prince Edward Island
<b>NB</b>	New Brunswick	<b>QC</b>	Quebec
<b>NL</b>	Newfoundland and Labrador	<b>SK</b>	Saskatchewan
<b>NT</b>	Northwest Territories	<b>YT</b>	Yukon
<b>NS</b>	Nova Scotia		

## Helpful Tips for the A.01 Screen

- If a mailing address is provided, HCA will use the mailing address for all mailings. If no mailing address is provided, the home address will be used for mailings.
- State agencies using HRMS – Enter all address changes in HRMS. The nightly GAP 9 report will feed the address change to Pay1.
- To prevent system problems:
  - Always key eligibility screens in order (e.g., A.01, A.41, A.43, A.44, A.45, and A.46).
  - Avoid keying multiple SSN changes for an employee or a dependent on the same day.
- **State agencies using HRMS** – Have update capability on the A.01 Person Data screen. Data is also updated by a nightly interface file from the HRMS system, so in most cases, users will not have to do dual entry. The nightly GAP 9 interface will populate the Pay1 insurance system with name, SSN, home address, mailing address (if available), birthdate, gender, and permanent status for new hires. It will also update changes made in HRMS by the home agency. In the case of a dual appointment, only the data from the home agency can update the information on this screen.
- **State agencies using HRMS** – Must correct SSNs in Pay1 and the HRMS system on the same day. It is important to key in both systems on the same day to keep the systems in sync.

## A.41—Subscriber Data

```

***** A.41 - SUBSCRIBER DATA *****                                MAPA411
SOC SEC NBR: 999 99 0024      ID#: 000847794      NAME : SAMUELS, SAM OSCAR
HOME AGENCY : 107             HOME SUB AGENCY :
TRANSFER REASON :              TRANSFER EFF DT :
HOME PHONE : 360 321 6458     BUSINESS/MSG PH : 360 123 4569
MAIL STOP : 45235            COUNTY : 34 THURSTON
ELIGIBILITY CODE : Y ACTIVE   ELIG EFF DATE:
ELIGIBILITY REASON : 01 NEWLY ELIGIBLE MEMBER LIFE INS: Y
DT REGAIN ELIG :              DT ELIG TO APPLY: 12 16 2018
QUALIFY REASON :              COBRA/SELF END DT:
PENDING ELIG CODE :          PENDING EFF DATE:
ORIG SOC SEC NUM :            ORIG AGENCY :
APPT STATUS : 2 PROBATIONARY  AGY EFF/END DATE: 01 01 2019
PAY METHOD : D PAYROLL DEDUCT  MONTHLY SALARY : 4040.00
MARITAL STATUS : M (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 06 15 2012  DECEASED DATE:
RETIRED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE: TERM REASON:
60-DAY:
BASIC LIFE/LTD DATE:          SUPP LIFE:          OPT LTD:
NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 0024 AGY: 107 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

The A.41 screen is used to establish eligibility for medical, dental, basic life and employer-paid LTD insurance, enroll an employee, terminate the employee’s insurance coverage, and more.

The employee’s home agency is responsible for maintaining the insurance screens and paying the employer share of the insurance benefit package. If an employee is not eligible for insurance, you will not need to access the Pay1 insurance system.

If the date you key is a future date, the information entered will pend until invoicing runs.

**State Agencies and higher education institutions** – Use the A.41 screen to transfer an employee. Exception: Do not use the transfer code to transfer an employee into or out of University of Washington.

When you establish eligibility or make changes in the Pay1 system, a nightly interface file will be sent to HRMS (GAP 16). The GAP 16 interface will contain new enrollment information, medical and dental plan changes, family composition changes, premium surcharges, terminations, and effective dates.

*Note: New information will transfer to HRMS on the first interface after the month closes. (For example, if on May 5 you terminate an employee’s insurance effective May 31, this transaction will pend until the end of May. It will display on the GAP 16 interface to HRMS on June 1.)*

*The Appointment Status and Monthly Salary fields are updated by the nightly GAP 9 interface from the HRMS system.*

## A.41 Fields

<b>Soc Sec Nbr:</b>	View the employee's social security number. Changes to this field are made on the A.01 screen in Pay1. <b>State agencies using HRMS –</b> Make the change in both HRMS and Pay1. Changes should be made in both systems on the same day to keep the systems in sync.
<b>Name:</b>	Displays employee's name, up to 20 characters (last name, first name, middle name). Changes to this field are made on the A.01 screen.
<b>Home agency:</b>	Home agency code.
<b>Home sub agency:</b>	Home sub-agency code, if applicable.
<b>Transfer reason:</b>	<b>State agencies and higher education institutions –</b> Used to transfer an employee from one agency to another, with the exception of University of Washington (UW). Employees transferring into or out of UW must be terminated and reenrolled. Valid codes include: <b>401</b> Transfer Out <b>201</b> Transfer In
<b>Transfer eff date:</b>	<b>State agencies and higher education institutions only –</b> Enter the transfer in or transfer out date. <i>Exception: Do not use the transfer codes to transfer an employee in to or out of University of Washington.</i>
<b>Home phone:</b>	Displays employee's home phone number.
<b>Business/msg ph:</b>	Displays employee's work phone number.
<b>Mail stop:</b>	Mail stop of the employee's work location, if applicable.
<b>County:</b>	Displays the County code listed on the A.01 screen.
<b>Eligibility code:</b>	Describes the employee's eligibility. Only one eligibility code change is permitted per day. <a href="#">Eligibility codes</a>
<b>Elig eff date:</b>	Used when enrolling or terminating an employee. When enrolling an employee, enter the coverage effective date, refer to the Effective Date of Coverage table on the <a href="#">PEBB BA website</a> . When terminating an employee, refer to <a href="#">Addendum 19-1A</a> .
<b>Eligibility reason:</b>	Enter the code that best describes the reason the employee is enrolling in or terminating coverage, refer to the <a href="#">Pay1 Reason Codes</a> guidance.
<b>Life insurance:</b>	Used to notify MetLife of eligibility or loss of eligibility for life insurance. Valid entries include "Y" and "N".
<b>Dt regain elig:</b>	Used when an employee is regaining eligibility for the employer contribution. This is the date that starts the 31-day clock for submitting forms.  Enter the day of the month in which the employee regained eligibility for the employer contribution. For example: An employee returns from LWOP on May 5, the date regain eligibility is May 5. The effective date of benefits is May 1.  A date is required in this field when reason codes 04 – Return from Layoff; 05 – Return from LWO; 12 – Return to Work

	Faculty/Seasonal; or 13 - Return from active military duty (USERRA) is entered in the Eligibility Reason code field.
<b>Dt elig to apply:</b>	Used when an employee is newly eligible for benefits. Enter the date the employee becomes eligible to apply for benefits. This is the date that starts the 31-day clock for submitting forms. For example: If an employee begins employment on May 16, the date eligible to apply for benefits is May 16. The effective date of benefits is June 1. Enter a date in this field when the reason code is 01 – Newly eligible member or 03 – Retiree Rehire
<b>Qualify reason:</b>	COBRA – <b>For HCA use only.</b> <a href="#">COBRA Qualifying Reason codes</a>
<b>COBRA/self-end dt:</b>	Used when enrolling an employee or dependent in self-pay or COBRA coverage. <b>For HCA use only.</b>
<b>Pending elig code:</b>	Displays the code entered in the Eligibility code field if the eligibility change is in the future, or if terminating eligibility with an effective date in the current processing month.
<b>Pending eff date:</b>	Displays the future effective date entered in the Eligibility Effective Date field.
<b>Orig soc sec num:</b>	Used when enrolling an employee or dependent in self-pay or COBRA coverage. This is a cross reference field to identify where COBRA dependents and surviving spouses first established eligibility. <b>For HCA and Department of Retirement Systems (DRS) use only.</b>
<b>Orig agency:</b>	Used when enrolling an employee or dependent in self-pay or COBRA. <b>For HCA and DRS use only.</b> <i>Note: For K-12 retirees, enter the agency code for the school district from which the enrollee retired.</i>
<b>Appt status:</b>	<b>State agencies using HRMS</b> – Updated by the nightly GAP9 interface from the HRMS system. <b>All other employers</b> – Manually enter/update the appointment status. <a href="#">Appointment Status Codes</a>
<b>Agy eff/end date:</b>	If the eligibility code is “Y” or “X” (enrolled), this field will display the Eligibility Effective Date. If the eligibility code is “N” (not enrolled), this field will display the Eligibility End Date.
<b>Pay method:</b>	Payment method refers to the employee’s eligibility. If the eligibility code entered is “Y” or “X”, enter “D” for payroll deduction. Eligibility codes R, K, S, E, C, D, G, or T <b>are for HCA and DRS use only.</b> These codes are for retired, COBRA, and other self-pay subscribers.
<b>Monthly salary:</b>	<b>State agencies using HRMS</b> – Updated from the nightly GAP9 interface from HRMS. <b>All other employers</b> – Manually enter/update the monthly salary. <i>Note: Accurate salary is required to calculate the employee-paid LTD premium.</i>

<b>Marital status:</b>	<p>Marital status of the employee. Valid codes are:</p> <p><b>M</b> Married/partnership  <b>S</b> Single</p> <p><i>Note: "M" is also used when adding a state-registered domestic partner. When entering a divorce date or dissolution date for a marriage or state-registered domestic partner relationship, marital status must be changed to "S" (single).</i></p>
<b>Marital status date:</b>	Last marriage date for a spouse or the registration date for the state-registered domestic partnership, if current status is married.
<b>Deceased date:</b>	Deceased date of the employee. <b>For HCA and DRS use only.</b>
<b>Retired date:</b>	Employee's retirement date. <b>For HCA and DRS use only.</b>
<b>Spouse/partner div/dis/dec date:</b>	<p>Divorce/dissolution date or the spouse/state-registered domestic partner's date of death. This will default the relationship field of the spouse on the A.43 screen to an "X" and will automatically term the spouse's health and dental coverage effective the end of the month of the divorce or death.</p> <p>If there are stepchildren enrolled on the account, the stepchildren's health and dental coverage will automatically terminate effective the end of the month of the divorce or death.</p>
<b>Term reason:</b>	<p>Reason code for termination. When the changes to this screen are saved, the reason code will move to the A.43 screen and no longer display on the A.41 screen. The choices include:</p> <p><b>35</b> Spouse/Partner Death  <b>42</b> Spouse/Partner Divorce/Dissolution</p> <p><i>Note: If the divorce or deceased effective date entered is in the current processing month, the system will display the spouse term date in the pending fields on the A.43. The spouse relationship will not be changed to "X" on the A.43 screen and the employee premium will not be re-calculated on the A.44 screens until the next month's invoicing.</i></p>
<b>60-day:</b>	<p>When reason code "42" is entered in the Term Reason field, the following prompt will display: "Employee notified you within 60 days from the end of the month in which the event occurred? (Y/N)." Enter the appropriate response. This field will help determine the dependent's eligibility for COBRA.</p>
<b>Basic life/employer-paid LTD date:</b>	For error correction purposes regarding the original effective date of basic life and employer-paid LTD. <b>For HCA use only.</b>
<b>Supp life:</b> (supplemental life)	For error correction purposes regarding the original effective date of supplemental life.* <b>For HCA use only.</b>
<b>Opt life:</b>	For error correction purposes regarding the original effective date of employer-paid LTD.* <b>For HCA use only.</b>

## Pay1 Codes

### Eligibility:

Active Subscribers:	
Y	Eligible active employee (state, higher education, ESD, K-12 school districts, and employer groups paying the composite rate)
X	Eligible active employee (ESD, K-12 school districts, and employer groups paying the tiered rate)
N	Not enrolled
Retirement Systems:	
R	Retiree (state, higher education, employer groups)
K	Retiree (K-12 and ESD)
N	Not enrolled
Health Care Authority:	
S	Self-pay (LWOP/layoff due to RIF)
E	Self-pay (dental only)
C	COBRA (active state)
G	COBRA retiree (state)
D	COBRA retiree (K-12)
T	COBRA (dental only)
N	Not enrolled
R	Retiree (state, higher education, employer groups)
K	Retiree (K-12 and ESD)

### COBRA Qualifying Reason:

A	Ex-spouse
B	Ex-dependent
C	Ex-subscriber
D	Surviving spouse or dependent
E	Surviving disabled dependent
F	Surviving extended dependent
G	COBRA spouse account
H	Pension of Protection Act of 2006 (PPA)
P	Ex-dependent parent

### Appointment Status:

Regular	In-training	Description
1	A	Permanent
2	B	Probationary
3	C	Trial Service
4	D	Provisional
6	F	Exempt
7	G	Non-Perm/Temporary
8	H	Seasonal
9	J	On Call
	K	Acting
	L	Seasonal-Exempt

## Helpful Tips for the A.41 Screen

- When keying a transferred employee, always check the A.41 screen prior to keying insurance. If the A.41 is terminated (Eligibility code = N) or if employee is transferred out (Transfer reason is 401), you may proceed with the enrollment according to the transfer/enrollment instructions in this manual.
- If the A.41 is being held by another agency (the Eligibility code does not = N or the Transfer code is not 401), contact the home agency listed at the top of the A.41 screen and ask them to key a termination or a transfer out (whichever is appropriate).
- If the prior agency keys a termination, you must wait one day to enroll the insurance. **Higher education institutions** – If a 401/201 code was used to transfer the employee, you may enroll the insurance the same day.

*Note: Employees transferring into or out of University of Washington, do not use the transfer codes. The employee must be terminated in the system and the gaining agency must reenroll.*

- Always refer to [Policy 19-1, Addendum 19-1A](#) before terming coverage.
- To have pending changes erased, submit a request to O&T through [HCA Support](#).
- If you are unable to key the correct termination or effective date, **do not** key an incorrect date. Submit a request to O&T through [HCA Support](#).
- To prevent system problems:
  - Always key eligibility screens in order.
  - Avoid keying multiple SSN changes and enrollment/terminations for an employee or dependent on the same day.
  - Agencies may override an existing Reason code when a new employee is a re-hire.
  - The Reason code does not terminate coverage; you must still enter an eligibility of “N” on the A.41 screen to terminate an employee. Reason codes are required when changing the eligibility from an “N” to a “Y” or from a “Y” to an “N.”
  - Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code, the previous Reason code will re-populate the Reason code field.
  - If you enter the wrong Reason code, submit a request through [HCA Support](#) for correction.
  - **State agencies on HRMS** – Do not key eligibility changes on the day *State Share* runs. Anything not keyed by 6 p.m. the day before *State Share* runs must be held for two days and not keyed until 36 hours after *State Share* runs. Refer to the schedule for [State Share](#) run dates.

## A.42—Display Spouse and Dependents

```

A4202 PLEASE SELECT DEPENDENT
      ***** A.42 - DISPLAY DEPENDENTS *****
                                     MAPA421

SUBSCRIBER SSA: 999 99 0024      ID#: 000847794      NAME: SAMUELS, SAM OSCAR
                                     CURRENT      PENDING
I/U RELATIONSHIP      SSA      NAME      HLTH DNTL      HLTH DNTL
- SPOUSE      999 99 0001      SAMUELS, ALEXI S      Y      Y
- CHILD      999 99 0002      SAMUELS, JOSH X      Y      Y

NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 0024 AGY: 107 SUB:      PAY ACTION:
PF1-HELP, PF2-RETN, PF3-SYSTEM, PF7/8-UP/DWN, PF9-HISTORY
    
```

The A.42 screen is only available when an employee has more than one dependent.

Up to 15 dependents may be listed in Pay1.

The screen displays a “snapshot” of each dependent’s information and enrollment.

### A.42 Fields

<b>Subscriber SSA:</b>	Employee’s social security number.	
<b>Name:</b>	Employee’s name.	
<b>I/U:</b>	Enter an “I” (inquire) or “U” (update) on the line next to the dependent’s name to access the record. You can access the A.53 Spouse and Dependent History screen by placing the cursor in the I/U column next to the dependent and selecting F9.	
<b>Relationship:</b>	Dependent’s relationship to the employee.	
	<b>S</b> = Spouse <b>C</b> = Child <b>P</b> = Stepchild (not legally adopted)	<b>F</b> = Extended Dependent <b>2</b> = Spouse of a surviving spouse (HCA only) <b>X</b> = Ex-spouse or ex-partner
<b>SSA:</b>	Social security number of each dependent.	
<b>Name:</b>	Dependent’s name.	
<b>Current Hlth/Dntl:</b>	Displays the dependent’s enrollment in medical and dental. <b>Y</b> Dependent is currently enrolled <b>N</b> Dependent is not enrolled	
<b>Pending Hlth/Dntl:</b>	Displays the dependent’s pending enrollment in medical and dental. <b>Y</b> Dependent is pending enrollment <b>N</b> Dependent is pending termination	



## A.43—Spouse and Dependent’s Data

```

          ***** A.43 - DEPENDENTS DATA *****
SUBSCR SOC SEC : 999 99 0024      ID#: 000847794      NAME : SAMUELS, SAM OSCAR
----- DEPENDENT DATA -----
DEPEND SOC SEC : 999 99 0001  GENDER: F  DEPEND NAME : SAMUELS, ALEXI S
LST NM: SAMUELS                1ST NM: ALEXI                MI: S    SFX:
RELATIONSHIP: S SPOUSE          BIRTHDATE: 12 10 1985  QUAL RSN: M MARRIED
MEDICARE - A: N 01 01 2019      MEDICARE - B: N 01 01 2019  HICN:
CERT IND:   EFF DT:             END DT:             SSN:   FNB:   DT:
----- CURRENT -----
ENR  EFF  DATE  PREM DATE  REASON  ENR  EFF DATE
HEALTH: Y  01 01 2019  01 01 2019  01 NEWLY ELIGIBLE MEMBER
TOBACCO: N  01 01 2019
SPOUSAL: 2  01 01 2019
DENTAL: Y  01 01 2019  01 01 2019  01 NEWLY ELIGIBLE MEMBER
PHYS/CLINIC :             60-DAY:             DENTAL/CLINIC :
ADDRESS (IF DIFFERENT FROM SUBSCRIBER):
  ADDR LINE 1 :
  ADDR LINE 2 :
  CITY :             STATE :             ZIP :
NEW DEPEND SSA :             COUNTRY CD :
VERIFY: ST: U  VERIFIED      SRC: T  TAX RETURN      ST DT: 02 06 2019
NEXT FUNCTION: A 44  TYPE: I  SUBSCR SSA: 999 99 0024  DEPEND SSA: 999 99 0001
INQUIRY ONLY      ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
  
```

An employee’s dependent (including spouse or state-registered domestic partner) is enrolled on the A.43 screen. The dependent’s tobacco use and spousal premium surcharge attestation, if applicable, are entered.

The information on this screen is unique to the individual dependent. Any changes affecting a dependent’s coverage are keyed on this screen.

The A.43 screen always displays the dependent’s most current enrollment data, although previous enrollment data can be viewed on the A.53 Spouse and Dependent History screen by selecting F9.

When extended dependents are entered, the entry will pend for HCA approval.

When dependents with disabilities (age 26 or older) are entered, dependent verification is required in addition to plan/HCA approval as a dependent with disabilities.

All other dependent’s enrollment will pend until the dependent verification process is complete. When adding dependents that require dependent verification, the enrollment flag “Y” will change to an “N” and the reason code will change to “11—Enrollment requested; held for verification.” Once verification is entered, the dependent will be enrolled.

## A.43 Fields

<b>Subscr Soc Sec:</b>	Employee's social security number.
<b>Name:</b>	Employee's name.
<b>Dependent Data</b>	
<b>Depend Soc Sec:</b>	Dependent's social security number entered on the command line.
<b>Gender:</b>	Gender of the dependent.
<b>Depend Name:</b>	Dependent's name. This field must include a comma and a space following the last name. If the dependent has only one name, add a comma and space after the name (e.g., Madonna,).
<b>Lst Nm:</b>	Last name of dependent.
<b>1st Nm:</b>	First name of dependent.
<b>MI:</b>	Middle initial of dependent.
<b>SFX:</b>	Suffix (JR, SR, II, III, etc.).
<b>Relationship:</b>	Relationship of the dependent to the employee. For all dependents, except extended dependents, send valid dependent verification documents to O&T through <a href="#">HCA Support</a> unless your agency keys dependent verification. <a href="#">View Relationship codes</a>
<b>Birthdate:</b>	Enter the dependent's date of birth. <i>Note: When correcting a dependent's birthdate, you must re-key the entire date as month, day, and year (e.g., 06 16 1975).</i>
<b>Qual Rsn:</b>	Qualifying reason code, if applicable. If the dependent is a spouse, partner, or second spouse, enter an "M" or a "P" accordingly. If a "D" (extended dependent) or "A" (disabled dependent) is entered as the qualifying reason, the enrollment will pend approval in the Pending Enrollment field. <b>Extended dependents:</b> Send the enrollment form, <i>Extended Dependent Certification</i> form, and any supporting documentation to O&T for processing. <b>Dependents with disabilities:</b> Employee must submit the enrollment form and dependent verification to their employer and submit the certification form according to the instructions on the form. <a href="#">View Qualifying Reason codes</a>
<b>Medicare A:</b>	Indicates whether the dependent is enrolled in Medicare Part A. <b>For HCA and DRS use only.</b> (Valid codes are "Y" and "N") <i>Note: The system automatically updates this field to "Y," effective the first month in which the employee's spouse turns age 65.</i>
<b>Medicare B:</b>	Code indicates whether the dependent is enrolled in Medicare Part B. <b>For HCA and DRS use only.</b> (Valid codes are "Y" and "N")
<b>HICN:</b>	Health Insurance Claim Number auto populates if dependent is on Medicare or Medicaid. <b>For HCA use only.</b>
<b>Cert Ind:</b>	Used when approving an extended dependent or a dependent with disabilities age 26 or older. <b>For HCA use only.</b> (Valid codes are T=Temporary and P=Permanent) <i>Note: Extended dependents can only have temporary certification.</i>
<b>Eff Dt:</b>	Used when approving an extended dependent or a dependent with disabilities. The effective date of the approval on recertification will be entered. <b>For HCA use only.</b>

<b>End Dt:</b>	Used when approving an extended dependent or a dependent with disabilities with a temporary certification. The last day of the month the dependent is certified will be entered. This field is updated when a dependent is certified or recertified. Note: An end date is not entered on a permanently disabled dependent. <b>For HCA use only.</b>
<b>SSN:</b>	Not currently in use. <b>For HCA use only.</b>
<b>FNB:</b>	Auto populates with a "Y" when first newborn is added to the account.
<b>Dt:</b>	Not currently in use. <b>For HCA use only.</b>
<b>Current Health</b>	
<b>Enr:</b>	Enter a "Y" to enroll the dependent in medical. Enter an "N" to terminate a dependent from medical.
<b>Eff Date:</b>	Dependent's effective date of enrollment, change, or termination. Newborns and adopted children are effective on the date of birth, adoption, or the date the employee assumes financial responsibility for the child. If that date is prior to the 16 <sup>th</sup> of the month, a full month's premium is due. If that date is after the 15 <sup>th</sup> of the month, premiums will begin the following month. Termination is always the last day of the month.
<b>Prem Date:</b>	Last effective date entered on any of the insurance screens that would cause a re-calculation of premium.
<b>Reason:</b>	Enrollment or termination code entered when adding or removing a dependent. Refer to Pay1 enrollment and termination reason codes guidance on the <a href="#">PEBB BA website</a> .
<b>Pending Health</b>	
<b>Enr:</b>	Enter a "Y" to enroll the dependent in coverage with a future date. Enter an "N" if the dependent's termination date is a future date.
<b>Eff Date:</b>	Enter if the effective date for enrollment or termination is a future date or the transaction is pending for HCA's approval of an extended dependent or a dependent with disabilities.
<b>Current Attestation</b>	
<b>Tobacco Enr:</b>	Enter a "Y" if employee attested their dependent, age 13 or older, is using tobacco products. Enter an "N" if the employee attested their dependent, age 13 or older, is not using tobacco products. Enter a "D" if employee did not attest for his/her dependent, age 13 or older.
<b>Tobacco Eff Date:</b>	Enter the effective date of the attestation. For newly eligible employees and employees regaining eligibility who attest within 31 days of their date of eligibility, the effective date of the surcharge is the same date as their medical and dental effective date. If an employee does not timely submit his or her attestation, default ("D") to incur the premium surcharge, effective the same date as their effective date for medical and dental. If a dependent has a change in tobacco use or was defaulted, the employee may re-attest at any time. <ul style="list-style-type: none"> <li>• If a re-attestation results in the employee <b>incurring</b> the premium surcharge, the change is effective the first of the month following the status change (unless that day is the first day of the month, then change begins on that day).</li> </ul>

	<ul style="list-style-type: none"> <li>If the change results in the <b>removal</b> of the premium surcharge, the change is effective the first day of the month following receipt of the attestation (unless that day is the first day of the month, then change begins on that day).</li> </ul>
<b>Spousal Enr:</b>	<p>Enter a “Y” if employee attested “yes” to the spousal premium surcharge.</p> <p>If the employee attested “no” and checked a question number on the attestation form, enter the lowest number checked in the Enrollment field. If the employee selected more than one question, enter the lowest number.</p> <p>Enter an “N” if employee attested “no” to the spousal premium surcharge and did not check a number.</p> <p>Enter a “D” if employee did not attest or attested after their 31-day enrollment period.</p> <p><i>Note: The Spousal Surcharge field only displays on the dependent screen if the Relationship code is an “S” (spouse) or “P” (partner).</i></p>
<b>Spousal Eff Date:</b>	<p>Enter the effective date of the attestation.</p> <p>For newly eligible employees or employees regaining eligibility, the effective date is the same as the medical and dental effective date.</p> <p>If the employee is making a change* to the attestation and:</p> <ul style="list-style-type: none"> <li>The change results in the employee incurring the premium surcharge, the change is effective the first of the month following the status change (unless that day is the first day of the month, then change begins on that day).</li> <li>The change results in the removal of the premium surcharge, the change is effective the first day of the month following receipt of the attestation (unless that day is the first day of the month, then change begins on that day).</li> </ul> <p><i>*Refer to <a href="#">WAC 182-08-185</a> for when an employee may make a change to the spousal or state-registered domestic partner premium surcharge attestation.</i></p>
<b>Current Dental</b>	
<b>Enr:</b>	<p>Enter a “Y” to enroll the dependent in date.</p> <p>Enter an “N” to terminate a dependent from dental.</p>
<b>Eff Date:</b>	<p>Enter the dependent’s effective date of enrollment, change, or termination.</p> <p>Newborns and adopted children are effective on the date of birth, adoption, or the date the employee assumes financial responsibility for the child.</p> <p>If that date is prior to the 16<sup>th</sup> of the month, a full month’s premium is due. If that date is after the 15<sup>th</sup> of the month, premiums will begin the following month.</p> <p>Termination is always the last day of the month.</p>
<b>Prem Date:</b>	<p>Premium effective date is the last effective date entered on any of the insurance screens that would cause a recalculation of premium.</p>
<b>Reason:</b>	<p>Enrollment or termination code entered when adding or removing a dependent. Refer to Pay1 enrollment and termination reason codes on the <a href="#">PEBB BA website</a>.</p>
<b>Pending Dental</b>	
<b>Enr:</b>	<p>Enter a “Y” to enroll the dependent in coverage with a future date.</p> <p>Enter an N” if the dependent’s termination date is in the future.</p> <p>The eligibility code will pend if a future date is entered, or the transaction is pending for HCA’s approval of an extended dependent or a dependent with disabilities (age 26 or older).</p>
<b>Eff Date:</b>	<p>Enter if the effective date for enrollment or termination is a future date or the transaction is pending for HCA’s approval of an extended dependent or a dependent with disabilities.</p>

<b>Phys/Clinic:</b>	Physician or Clinic code from the employee’s enrollment form will display here if one was entered. This field is no longer used.
<b>60-Day:</b>	When Reason code 41 (dependent loses eligibility) or 42 (divorce or dissolution) is entered in the Reason field, the following prompt will display: “Employee notified you within 60 days from the end of the month in which the event occurred?? (Y/N).” Enter the appropriate response. This field will help determine the dependent’s eligibility for COBRA.
<b>Dental/Clinic:</b>	Dental or clinic code from the employee’s enrollment form will display if one was entered. This field is no longer used.
<b>Address:</b> (Lines 1 and 2)	Enter only if dependent’s address is different than the employee or in the event of a divorce. Refer to the A.01 screen information in this chapter for foreign address information.
<b>City:</b>	Enter only if dependent’s address (city) is different than the employee.
<b>State:</b>	Enter only if dependent’s address (state) is different than the employee.
<b>Zip:</b>	Enter only if dependent’s address (zip code) is different than the employee.
<b>New Depend SSA:</b>	Used to correct an existing dependent’s social security number. Enter the dependent’s correct social security number and select F10. All fields where the dependent’s SSN occurs will be updated.
<b>Country CD:</b>	Country code is required if the State field is a Canadian Province or “ZZ.” American Territory codes are entered in the Country code field. A country code is <b>not</b> required for U.S. addresses. For a list a valid country codes, visit <a href="http://countrycode.org/">http://countrycode.org/</a> .
<b>Verify:</b>	Used to verify a dependent. <i>Note: Extended dependents do not require verification.</i>
<b>St:</b>	Enter/view the status of dependent’s verification. <a href="#">View Status codes</a>
<b>Src:</b>	Enter/view the type of document used to verify the dependent. If the dependent is a spouse, partner, or second spouse, enter an “M” or a “P” accordingly. <a href="#">View Source codes</a>
<b>St Dt:</b>	Status date is automatically populated with the date the status was keyed.

## Pay1 Codes

### Relationship:

<b>S</b>	Spouse/state-registered domestic partner (marriage date is required on the A.41)
<b>C</b>	Child
<b>P</b>	Stepchild (not legally adopted)
<b>X</b>	Ex-spouse/ex-state-registered domestic partner (defaults when divorce date is entered on the A.41) If an employee remarries an ex-spouse, the relationship "X" (ex-spouse) must be changed to "S" (spouse) when re-enrolling the spouse on the A.43 screen.
<b>F</b>	Extended dependent (any dependent child other than a biological child, stepchild, or legally adopted child (e.g., grandchild).
<b>2</b>	Spouse of surviving spouse ( <b>HCA only</b> )

### Qualifying Reason:

<b>M</b>	Married spouse
<b>P</b>	State-registered domestic partner
<b>D</b>	Extended dependent
<b>A</b>	Dependent child with disabilities (age 26 or older only)

### Enrollment Reason Codes:

Reason Code:	Enrollment Reason:	Available for Screen:
<b>01</b>	Newly eligible member	A.41; A.43; A.44
<b>02</b>	Retiree/LWOP life insurance only	A.41 ( <b>HCA only</b> )
<b>03</b>	Retiree rehire	A.41
<b>04</b>	Return from layoff	A.41
<b>05</b>	Return from LWOP	A.41
<b>07</b>	State-registered domestic partnership	A.43
<b>08</b>	Marriage	A.43
<b>10</b>	Return from waive/defer	A.41; A.43; A.44 ( <b>HCA only, except during annual open enrollment</b> )
<b>12</b>	Return to work faculty/seasonal	A.41
<b>13</b>	Return from active military duty (USERRA)	A.41
<b>49</b>	Not elected	A.43

### Termination Reason Codes:

Reason Code:	Termination Reason:	Screen Availability:
31	Employment ending/ineligible position	A.41
32	Termination—gross misconduct	A.41
33	Approved LWOP	A.41
34	Layoff	A.41
35	Death	A.41, A.43; A,44
36	Retirement	A.41
37	Employer group left	A.41 <i>(HCA only)</i>
38	Applying for disability retirement	A.41
39	Voluntary termination of coverage	A.41, A.43 <i>(HCA only)</i>
40	Employee Waives/Dependent voluntarily terms	A.43, A.44
41	Dependent loses eligibility	A.43
42	Divorce/dissolution	A.41, A.43
44	Defer retiree coverage	A.41, A.43; A.44 <i>(HCA only)</i>
46	Non-payment	A.41 <i>(HCA only)</i>
47	Self-pay end date reached	A.41 <i>(HCA only)</i>
48	Defer due to Medicare/Medicaid	A.41, A.43; A.44 <i>(HCA only)</i>
49	Not Elected <i>(medical only groups)</i>	A.44
50	Faculty/seasonal between eligibility	A.41
51	USERRA or educational leave	A.41
52	Change of eligibility type	A.41 <i>(HCA only)</i>
53	Reversion not due to layoff	A.41
54	Termination for dual coverage	A.43 <i>(HCA only)</i>
55	CDHP correction	A.43, A.44 <i>(HCA only)</i>

### Dependent Verification Status Codes:

<b>V</b>	Verified	<b>D</b>	Denied	<b>F</b>	First letter
<b>VE</b>	Verified exempt	<b>I</b>	Incomplete	<b>NR</b>	Non-response
<b>VO</b>	Verified not WA registration	<b>IL</b>	Illegible	<b>R</b>	Received
<b>VW</b>	Verified WA registration	<b>IV</b>	Invalid	<b>VT</b>	Voluntary termination

## Dependent Verification Source Codes:

Spouse	
<b>T</b>	Tax return
<b>M</b>	Marriage certificate
<b>R</b>	Residence proof
<b>I</b>	Interdependency proof
<b>DE</b>	Defense Enrollment Eligibility Reporting System (DEERS) registration
<b>MC</b>	Marriage certificate only (if marriage occurred within last two years)
<b>MR</b>	Marriage certificate/residence proof
<b>MI</b>	Marriage certificate/financial interdependency proof
<b>LS</b>	Legal separation notice
<b>PD</b>	Petition for dissolution
<b>AM</b>	Secretary of State auto-marriage (HCA only)
<b>SR</b>	Secretary of State reported marriage (HCA only)
<b>OR</b>	Proof of out-of-state residency (HCA only)
<b>JV</b>	J-1 or J-2 Visa
State-Registered Domestic Partner	
<b>D</b>	Certificate/card of state-registered domestic partnership only (if occurred within last two years)
<b>DR</b>	Certificate/card of partnership and residence proof (if occurred within last two years)
<b>DI</b>	Certificate/card of partnership and financial interdependency proof
<b>PI</b>	Petition for invalidity (annulment) for partnership
<b>PD</b>	Petition for dissolution
<b>LS</b>	Legal separation notice
<b>AM</b>	Secretary of State auto-marriage (HCA only)
<b>SR</b>	Secretary of State reported marriage (HCA only)
<b>OR</b>	Proof of out-of-state residency (HCA only)
<b>JV</b>	J-1 or J-2 Visa
Dependent Child	
<b>T</b>	Tax return
<b>B</b>	Birth certificate
<b>AD</b>	Adoption decree
<b>P</b>	Court-ordered parenting plan
<b>SN</b>	Qualified medical support notice
<b>DE</b>	DEERS registration
<b>JV</b>	J-1 or J-2 Visa



## ***Helpful Tips for the A.43 Screen***

- To prevent system problems, avoid keying an enrollment and a termination for a dependent on the same day.
- Entering two different termination dates on the same day will cause problems with invoicing. Always wait a day to correct a termination date.
- The effective date for terminating coverage is always the last day of the month.
- Qualifying reasons “M” and “P” must be entered for a spouse or state-registered domestic partner.
- Qualify Reason “A” for dependents with disabilities should only be entered if the dependent is age 26 or older.
- Dependent verification is required for all dependents, except extended dependent. When dependent verification is required, enroll the dependent on the A.43 screen.
  - If you key dependent verification, enter the status and source codes.
  - If HCA enters your dependent verification, when the record is saved, the enrollment flag “Y” will change to “N” and the Reason code will change to “11”. Submit the dependent verification documents to HCA through [HCA Support](#). Once verified, the dependent will be enrolled.
- Agencies can override an existing Reason code when a dependent re-enrolls or is removed from coverage.
- The Reason code does not terminate coverage; you must enter an “N” on the A.43 screen to end coverage for a dependent. Reason codes are required when changing the enrollment from an “N” to a “Y” or from a “Y” to an “N.”
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code, the previous Reason code will repopulate the Reason code field.
- If you enter the wrong Reason code, contact HCA through [HCA Support](#) for correction.

## A.44 –Health and Dental Coverage

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***** A.44 - HEALTH AND DENTAL COVERAGE *****                MAPA441

SOC SEC NUMBER: 999 99 0024      ID#: 000847794      NAME : SAMUELS, SAM OSCAR
ELIGIBILITY TYPE      : Y                EMPLOYER CONTRIBUTION : 916.00
===== HEALTH INSURANCE =====
HEALTH ENR: Y      CHG DT:                REASON: 01      NEWLY ELIGIBLE MEMBER
EFF DT: 01 01 2019  END DT:                PENDING:                EFF DT:
CARRIER: U      UNIFORM MEDICAL      NEW CARRIER:                EFF DT:
MEDICARE A: N      MEDICARE B: N      CLINIC ID:
TOBACCO: N      EFF DT: 01 01 2019      PENDING:                EFF DT:
WELLNESS:      ATTESTATION DT:                HICN:
SURCHARGE - TOBACCO:                0.00      SPOUSAL:                0.00
PREM EFF DT: 01 01 2019      PREMIUM - EMPLOYEE:                304.00      TOTAL:                304.00
===== DENTAL INSURANCE =====
DENTAL ENR: Y      CHG DT:                REASON:
EFF DT: 01 01 2019  END DT:                PENDING:                EFF DT:
CARRIER: 1      UNIFORM DENTAL P      NEW CARRIER:                EFF DT:
CLINIC ID:
PREM EFF DT: 01 01 2019      PREMIUM - EMPLOYEE:                0.00

NEXT FUNCTION: A 45 TYPE: I SSA: 999 99 0024 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

The A.44 screen is used to establish and update the employee’s health and dental coverage and the employee tobacco use premium surcharge attestation. For newly eligible employees, the Health and Dental Effective Dates are defaulted to the Eligibility Effective Date entered on the A.41 screen.

The system will automatically enroll a new employee in the default carrier codes “Z” and “9” (no plan selected) when a “Y” or “X” is entered on the A.41 screen. (“Y” – composite rate, “X” – tiered rate) To update the employee’s selected plan or to make a change to the employee’s coverage, you must enter the effective date in the CHG DT field.

Employees may waive medical coverage if they have other employer-based group medical coverage, TRICARE, or Medicare. Employees waiving medical coverage must still be enrolled in dental, basic life, and employer-paid LTD coverage, unless the employer is participating as a medical only group. A newly eligible employee must enroll in medical coverage to enroll their dependents in medical coverage.

If the employer does not receive the enrollment forms within 31 days of the employee’s date of eligibility, enroll the employee (no dependents) in:

- Plan codes U – Uniform Medical Plan Classic and 1 – Uniform Dental Plan as a single employee and default (D) the employee to incur the tobacco use premium surcharge.
- **Medical only groups** – Plan code U – Uniform Medical Plan Classic as a single employee and default (D) the employee to incur the tobacco use premium surcharge.

The A.44 screen always displays the employee’s current coverage. You may review previous coverage by selecting F9 from this screen to access the A.51 Employee History screen.

## A.44 Fields

<b>Soc Sec Number:</b>	Employee's social security number.
<b>Name:</b>	Employee's name.
<b>Eligibility Type:</b>	Eligibility code entered on the A.41 screen.
<b>Employer Contribution:</b>	Employer contribution for active employees. <b>State agencies and higher education institutions</b> – This field will display the employer base rate set by the legislature. <b>All other groups</b> – This will display the total premium charged for the employee, if enrolled in medical or the amount due if the employee chose to waive medical.
<b>Health Insurance</b>	
<b>Health Enr:</b>	Eligibility code ("Y" or "N") entered on the A.41 screen will populate this field. In addition, if the employee opts to waive medical coverage, enter a "D" in the field. <i>Note: When making a change to the medical carrier, do not re-key the "Y" in this field.</i>
<b>Chg Dt:</b>	Effective date of the medical plan enrollment or medical plan change. Refer to the Effective Date of Coverage table on the <a href="#">PEBB BA website</a> for newly eligible employees and <a href="#">Policy 45, Addendum 45-2A</a> for special open enrollment events. For employees regaining eligibility, the effective date is the first of the month in which the employee has at least 8 hours of pay status.
<b>Reason:</b>	Required when an employee waives medical (10) or returns from waive (40).
<b>Eff Dt:</b>	Will populate once screen is saved.
<b>End Dt:</b>	Will populate once screen is saved.
<b>Pending:</b>	Will populate once screen is saved. <i>Note: If employee is termed in the A.41 screen, this field will populate with the future term date.</i>
<b>Eff Dt:</b>	Displays the future eligibility change effective date. Will populate once the screen is saved.
<b>Carrier:</b>	Enter the code for the health carrier. This field is 4 characters, so when the selected Carrier code has fewer than four characters, tab to move to the next field. <a href="#">Health Carrier codes</a> <i>Note: Pay1 will automatically assign a "W" after an employee's medical plan code (e.g., UW), which indicates the employee earned the wellness incentive. You do not need to key the wellness code, even if an employee changes plans mid-year. The system will update the plan code with a "W" when the record is saved.</i> <i>Note: A "W" displayed after the name of the plan (e.g., U W) indicates a plan change made online during annual open enrollment.</i>
<b>New Carrier:</b>	Changes made to the carrier code with a future date will display. The Carrier code will move to the current Health Carrier field when the future effective date is equal to the current process month.
<b>Eff Date:</b>	Future effective dates entered in the Health Change Date field. The future effective date will move to the Health Effective Date field when the future effective date is equal to the current process month.

<b>Medicare A:</b>	Indicates whether the employee is enrolled in Medicare Part A. <b>For HCA and DRS use only.</b> (Valid codes are “Y” and “N”). <i>Note: When changing the Medicare indicator, you must also enter the effective date in the Health Change Date field. The system automatically updates this field to “Y,” effective the first of the month in which the employee/retiree turns age 65.</i>
<b>Medicare B:</b>	Indicates whether the employee is enrolled in Medicare Part B. <b>For HCA and DRS use only.</b> (Valid codes are “Y” and “N”)
<b>Clinic ID:</b>	Physician or Clinic code from the employee’s enrollment form will display here if one was entered. <i>This field is no longer used.</i>
<b>Tobacco:</b>	Enter a “Y” if employee attested to using tobacco products. Enter an “N” if the employee attested to not using tobacco products. Enter a “D” if employee did not attest or attested after their 31-day enrollment period.
<b>Eff Dt:</b>	For newly eligible employees and employees regaining eligibility who attest within 31 days of their date of eligibility, the effective date of the premium surcharge is the same date as the effective date for medical and dental. If the employee has a change in tobacco use or was defaulted, the employee may re-attest at any time. <ul style="list-style-type: none"> <li>• If a re-attestation results in the employee <b>incurring</b> the premium surcharge, the change is effective the first of the month following the status change (unless that day is the first day of the month, then change begins on that day).</li> <li>• If the change results in the <b>removal</b> of the premium surcharge, the change is effective the first day of the month following receipt of the attestation (unless that day is the first day of the month, then change begins on that day).</li> </ul>
<b>Pending:</b>	The eligibility code will pend if a future date is entered or the transaction is pending for HCA’s approval.
<b>Eff Dt:</b>	Displays the Pending Effective Date.
<b>Wellness:</b>	<b>Do not key in this field.</b> If an employee earned the SmartHealth wellness incentive, a “Y” code will show in this field. If they did not earn the incentive, the field will be blank.
<b>Attestation Dt:</b>	<b>Do not key in this field.</b> If an employee earned the SmartHealth wellness incentive, the date their incentive was earned will show. If they did not earn the incentive, the field will be blank.
<b>HICN:</b>	Health Insurance Claim Number, which will auto populate if dependent is on Medicare or Medicaid. <b>For HCA use only.</b>
<b>Surcharge – Tobacco:</b>	Displays tobacco use premium surcharge amount.
<b>Spousal:</b>	Displays spousal premium surcharge amount.
<b>Prem Eff Dt:</b>	Displays the same date as the Health Effective Date unless a change occurs to the employee’s medical premium.
<b>Premium–Employee:</b>	<b>State agencies on HRMS and higher education institutions</b> – Displays employee monthly contribution. <b>All other employees</b> – This field displays zeros.

<b>Total:</b>	<b>State agencies and higher education institutions</b> – Displays the total amount of the employee’s premium and premium surcharges. <b>All other employers</b> – This field displays zeros.
<b>Dental Insurance</b>	
<b>Dental Enr:</b>	Eligibility code “Y” or “N” entered on the A.41 screen will populate this field. Employees who waive medical coverage must enroll in dental coverage, unless the employer participates in PEBB as a Medical only group. This field can be updated for self-pay, COBRA, and retirees only. <i>Note: When changing dental plans, do not re-key the “Y” in this field.</i>
<b>Chg Dt:</b>	Effective date of the dental plan enrollment or dental plan change.
<b>Reason:</b>	Enter a 01 – newly eligible in this field when enrolling a newly eligible employee. <i>Note: Medical Only groups, the field should auto populate with reason code 49 – Not Elected. If it does not, enter code 49.</i>
<b>Eff Dt:</b>	Date entered in the Dental Change Date field if the employee Enrolled field is “Y” (eligible).
<b>End Dt:</b>	Date entered in the Eligibility Effective Date field when the Eligibility code field on the A.41 screen is changed to “N” (not enrolled). For retirees and self-pay employees, this field displays the date entered in the Dental Change Date field on the A.44 screen when the Current Enrolled field is changed to “N” (not enrolled).
<b>Pending:</b>	Eligibility code “Y” or “N” if the date entered in the A.41 Eligibility Effective Date field is a future date or if the dental term date is in the current processing month.
<b>Eff Dt:</b>	Eligibility effective date entered in the A.41 Eligibility Effective Date field if the date is in the future. Eligibility changes may be keyed one month in the future.
<b>Carrier:</b>	Enter the code for the dental carrier. This field is four characters. When the selected Carrier code has fewer than four characters, tab to the next field. <a href="#">Dental Carrier codes</a> <i>Note: A “W” displayed after the name of the plan (e.g., 1 W) indicates a plan change made online during annual open enrollment.</i>
<b>New Carrier:</b>	Future carrier code entered in the Dental Carrier field. The future carrier code will move to the current Dental Carrier field when invoicing runs.
<b>Eff Dt:</b>	Future carrier effective date entered in the Dental Change Date field. The future effective date will move to the Dental Effective Date field when invoicing runs.
<b>Clinic ID:</b>	Dental or clinic code from the employee’s enrollment form will display if one was entered. <i>This field is no longer used.</i>
<b>Prem Eff Date:</b>	Last date entered in the Dental Change Date field.
<b>Prem—Employee:</b>	Self-pay employee’s premium calculated by the system.

## Pay1 Codes

### Health Carrier:

<b>C</b>	Kaiser WA Classic
<b>C1</b>	Kaiser WA SoundChoice
<b>CV</b>	Kaiser WA Value
<b>CHSA</b>	Kaiser WA CDHP
<b>D</b>	Kaiser NW Classic*
<b>DHSA</b>	Kaiser NW CDHP*
<b>U</b>	Uniform Medical Plan Classic
<b>UHSA</b>	Uniform Medical Plan CDHP
<b>U1</b>	UMP Plus – UW Medicine ACN
<b>U2</b>	UMP Plus – Puget Sound High Value Network
<b>Z</b>	Default (no plan selected)* <i>*If the health carrier is left as “Z” (no plan selected), after 90 days from the effective date, the system will automatically change the carrier to “U” (Uniform Medical Plan Classic).</i>

\*Kaiser NW is available in Clark and Cowlitz Counties in WA and in the Portland, OR area.

### Dental Carrier:

<b>1</b>	Uniform Dental Plan
<b>3</b>	Willamette Dental
<b>4</b>	DeltaCare Dental
<b>9</b>	Default (no plan selected) * <i>When the dental carrier is left as “9” (no carrier selected), the system will automatically change the carrier to “1” (Uniform Dental Plan) after 90 days from the effective date.</i>

### ***Helpful Tips for the A.44 Screen***

- If the employee's home address on the A.01 screen is not within the service area for the Carrier code entered, you will receive an error message: "WARNING...CARRIER INVALID FOR ZIP CODE SERVICE AREA." When this message is received, cancel the transaction by selecting F4 and check the carrier's service area listed in the *Employee Enrollment Guide*. If you believe you received this warning in error, please contact HCA through [HCA Support](#).
- Employees who waive medical must still enroll in dental, basic life, and employer-paid LTD. (*This does not apply to Medical only groups*)
- Employees, who choose to waive medical coverage, may enroll in medical coverage during annual open enrollment or during a special open enrollment.
- Agencies can override an existing Reason code when an employee is rehired.
- The Reason code does not waive or terminate coverage; you must still enter an eligibility of "D" on the A.44 screen to waive medical coverage for an employee.
- Reason codes are required when changing the enrollment from a "D" to a "Y" or from a "Y" to a "D."
- Reason codes are not recorded in history; however, if you remove a pending enrollment or termination code, the previous Reason code will re-populate the Reason code field.
- If you enter the wrong Reason code, contact HCA through [HCA Support](#) for correction.

## A.45 – Life Coverage

```

***** A.45 - LIFE COVERAGE *****                               MAPA451

SOC SEC NUMBER : 999 99 0024   ID#: 000847794   NAME : SAMUELS, SAM OSCAR
AGENCY: 107   SUB AGENCY:      LIFE ENROLLED   : Y
ELIGIBILITY TYPE : Y           ENR EFF/END DATE: 01 01 2019
=====PART=====   =====CURRENT=====   =====DESIRED=====   ==PEND/APPROVAL==
      ENR COV   EFF DATE   ENR COV   EFF DATE       IND   DATE
EMPLOYEE BASIC   : Y           01 01 2019
EMPLOYEE SUPPL   : N
DEPENDENT BASIC  : N
SPOUSE BASIC     : N
SPOUSE SUPPL    : N
SUPPLEMENTAL AD&D : N
AD&D W/DEPENDENTS: N

      RETIREE      : N

PREMIUM EMPLOYEE :           EMPLOYEE AGE   : 39           SPOUSE AGE: 33
SMOKER INDICATOR :           SMOKER EFF DATE:           ACCEL LIFE:

NEXT FUNCTION: A 46 TYPE: I SSA: 999 99 0024 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY   ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
  
```

The A.45 screen is used to enroll basic life insurance only. Optional life insurance enrollment is held at MetLife. *This does not apply to Medical only groups.*

Employee basic life insurance will be automatically enrolled and terminated with the same effective date entered on the A.41 screen.

### A.45 Fields

<b>Soc Sec Number:</b>	Social security number of the employee.
<b>Name:</b>	Employee's name.
<b>Agency:</b>	Employee's home agency.
<b>Sub Agency:</b>	Employee's sub-agency (if applicable).
<b>Life Enrolled:</b>	Enrollment code is "Y" (enrolled) or "N" (not enrolled). This information is pulled from the A.41 screen for eligibility types "Y" and "X".
<b>Eligibility Type:</b>	Eligibility code from the A.41 screen.
<b>Enr Eff/End Date:</b>	Date associated with the eligibility type. For eligibility types "Y" and "X," this information will pull from the A.41 screen.
<b>Employee Basic:</b>	Current column displays the employee's enrollment in basic coverage. This field is automatically set to "Y" for all active employees with an eligibility type "Y" or "X."

*Note: The remainder of the fields are no longer used.*



### ***Helpful Tips for the A.45 Screen***

- Basic coverage enrollment date is the effective date entered on the A.41 screen.
- Employees enroll in optional life insurance directly with MetLife.
- See the Life Insurance Administration Manual on the [PEBB BA website](#) for information and instructions.
- This screen does not apply to Medical only groups.

## A.46 – LTD Coverage

```

          ***** A.46 - LTD COVERAGE *****
                                     MAPA461
SOC SEC NUMBER: 999 99 0035      ID#: 001247955      NAME : SAMUELS, SAME O
AGENCY          : 107              LTD ENROLLED      :
SUB AGENCY      :                  ENR EFF/END DATE:

== PART ==   ===== CURRENT =====   ===== DESIRED =====   == PEND/APPROVAL ==
              ENR  COV  EFF DATE           ENR  COV  EFF DATE           IND    DATE

BASIC       :   Y           01 01 2022
OPTIONAL    :   D   090   01 01 2022

PREMIUM EMPLOYEE:      .00      ELIM. PERIOD PERCENT:
RETIREMENT SYSTEM:    OTHERS

NEXT FUNCTION:  A 41 TYPE:  I  SSA: 999 99 0035 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY   ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
    
```

The A.46 screen is used to enroll, update, and display an employee’s long-term disability (LTD) coverage. *(This does not apply to Medical only groups. Higher education institutions use the screen for employer-paid LTD only)* The Enrolled indicator for employer-paid LTD is pulled from the Eligibility code field on the A.41 screen. This screen allows:

- Separate effective dates for employer-paid and employee-paid coverage.
- Entry of all requested coverage.
- Entry of coverage requiring approval (this will pend until approval/denial is received from the carrier and the decision is entered).

### A.46 Fields

<b>Soc Sec Number:</b>	Social security number of the employee
<b>ID#:</b>	Pay1-assigned identification number
<b>Name:</b>	Employee’s name
<b>Agency:</b>	Employee’s home agency
<b>Sub Agency:</b>	Employee’s sub agency code, if applicable
<b>LTD codes for employer-paid (basic) coverage</b>	Enrollment codes are “Y” (enrolled), “N” (not enrolled), “W” (waiver), or “D” (declined for medical-only groups).
<b>LTD codes for employee-paid (optional) coverage :</b>	Enrollment codes are “D” (60% coverage level), “B” (50% coverage level), “N” (decline/ not enrolled), “I” (ineligible for employee-paid LTD), or “W” (waiver of premium).

<b>Sub Agency:</b>	Employee's sub agency code, if applicable.
<b>Enr Eff/End Date:</b>	Effective date of coverage. For eligibility types "Y" and "X", this information will pull from the A.41 screen. For eligibility types "S" and "E", this information will pull from the Desired column on this screen.
<b>Employer-paid (basic):</b>	<p>The Current column displays the employee's current enrollment in employer-paid LTD coverage. This field is automatically set to "Y" for all active employees with an eligibility type of "Y" or "X".</p> <p>The desired column is used to request a disability waiver premium or to continue coverage on a self-pay basis when the employee is on approved educational leave or USERRA. <i>Note: There must be a "Y" in this field before employee-paid may be entered.</i></p>
<b>Employee-paid (optional):</b>	The Current column displays the employee's current enrollment in employee-paid coverage, the waiting period (90 days), and the effective date of the coverage. The Desired column is used to enroll, change, or cancel coverage.
<b>Premium Employee:</b>	State agencies and higher education institutions will not see a premium displayed in this field. Self-pay and all other employers will see the LTD premium calculated by the system based on the employee's retirement system, coverage level (60% or 50%) and gross monthly salary.
<b>Elim Period Percent:</b>	Displays the percentage rate used to calculate the employee-paid LTD coverage.
<b>Retirement System:</b>	If the employee's retirement plan is TIAA/CREFF, enter a "1" in this field. For all other retirement plans, leave this field blank.

### ***Helpful Tips for A.46 Screen***

- If a newly eligible employee has been enrolled in the insurance system previously, employee-paid coverage may display a "P" for pend in error. This is a known system error. If the employee's request does not require carrier approval, complete the following steps:
  - To correct the error, once you enroll the employee and update the record, go back into the record in Update mode. Replace the "P" with an "A" in the indicator column under the Pend/Approve section. Failure to make the correction will result in the employee not being enrolled in coverage.
- **State agencies using HRMS** – If coverage was keyed with a retroactive date, a manual adjustment may be necessary in HRMS. The day after keying the approval, verify the effective date in HRMS matches the effective date in Pay1. If the dates do not match, make a manual adjustment in HRMS and notify HCA accounting through [HCA Support](#).

## A.51 – Subscriber History

```

A5101 PLEASE ENTER REQUEST
***** A.51 - SUBSCRIBER HISTORY *****
MAPA511
SUBSCRIBER SSN : NAME :
AGENCY/SUB-AGENCY : AGENCY EFF DATE :
COVERAGE PERIOD FROM: DATE CREATED :
THRU: CREATED BY :
ELIGIBILITY TYPE : APPT STATUS :
PAY METHOD : MONTHLY SALARY :
MARITAL STATUS : MARRIAGE DATE :
DIVORCE DATE :
COBRA QUAL REASON : ORIG SSN :
OLD SSN : ORIG AGENCY/SUB :
COUNTY : ADDRESS EFF DATE:
ADDRESS LINE 1 :
ADDRESS LINE 2 :
ADDRESS LINE 3 :
CITY : STATE: ZIP:
ENR CARR EFF-DATE END-DATE MCARE-A MCARE-B CLINIC-ID
HEALTH :
DENTAL :
COALTN MBR :
COALTN EFF DATE:
NEXT FUNCTION: A 51 TYPE: I SSN: _ COU-MO:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN,PF9-A.55
  
```

The A.51 screen is used to review an employee’s historical eligibility and enrollment information. The information on this screen is a result of additions and changes made to the A.01, A.41, and A.44 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that applies to the employee’s historical information. It is possible for an employee to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on employee eligibility history records.
- Access to the A.55 Life and LTD Coverage History screen.
- Paging through coverage periods in chronological order.
- Access to the A.51 screen from the A.41 or A.44 screens by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

### ***Helpful Tips for the A.51 Screen***

- **Navigation to and from the Originating Screen**—The A.51 screen can be accessed from the A.41 or A.44 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Navigation**—Select F9 to navigate to the A.55 Life and LTD History.
- **Selecting History Records**—When a coverage month is entered, the system will access the employee history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will display the message “Requested Record Not Found.”
- **Page Up/Page Down**—Use the F7 and F8 keys to page through the records in order.
- **History screens may not always be accurate.** Manual adjustments and multiple updates keyed on one day cannot be captured. Contact O&T through [HCA Support](#) for assistance.

## A.53 – Spouse and Dependent History

```
A5301 PLEASE ENTER REQUEST
***** A.53 - SPOUSE AND DEPENDENT HISTORY ***** MAPA531

SUBSCRIBER SSN : NAME :
===== DEPENDENT DATA =====
DEPENDENT SSN : DEPENDENT NAME :
COVERAGE PERIOD FROM: DATE CREATED :
THRU: CREATED BY :
GENDER : RELATIONSHIP :
BIRTHDATE : QUALIFY REASON :
MARRIAGE DATE : DIVORCE DATE :

CERTIFICATION IND : CERT EFF DATE: CERT END DATE:
ADDRESS LINE 1 :
ADDRESS LINE 2 :
ADDRESS LINE 3 :
CITY : STATE: ZIP:
ENR CARR EFF-DATE END-DATE MCARE-A MCARE-B CLINIC-ID
HEALTH :
DENTAL :

NEXT FUNCTION: A 53 TYPE: I SSA: _ COV-MO:
DEPENDENT SSA:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN
```

The A.53 screen is used to review the eligibility and enrollment history of an employee's dependents. The information on this screen is a result of additions and changes made on the A.41, A.43, and A.44 screens.

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that applies to the dependent's historical eligibility information. It is possible for a dependent to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on spouse or dependent eligibility history records.
- Paging through coverage periods in chronological order.
- Access to the A.53 screen from the A.43 screen by selecting F9.
- Specific history records may be accessed by entering a month and year of the coverage in the command line.

### *Helpful Tips for the A.53 Screen*

- **Navigation to and from the Originating Screen** — The A.53 screen may be accessed from the A.43 screen by selecting F9. To navigate back to the originating screen, select F2.
- **Selecting History Records** — When a coverage month is entered, the system will access the employee history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will display the message "Requested Record Not Found."
- **Page Up/Page Down** — Use the F7 and F8 keys to page through the records in order.
- **History screens may not always be accurate.** Manual adjustments and multiple updates keyed on one day cannot be captured. Contact O&T through [HCA Support](#) for assistance.

## A.55 – Life and LTD History

```
A5501 PLEASE ENTER REQUEST
***** A.55 - LIFE AND LTD COVERAGE HISTORY ***** MAPA551
SUBSCRIBER SSN : NAME :
COVERAGE PERIOD FROM: DATE CREATED :
THRU: CREATED BY :
===== LIFE INSURANCE =====
ENROLL COVERAGE EFF DATE
PART A :
PART B BASIC (SPOUSE) :
PART B BASIC (DEPENDENT):
PART B SUPPLEMENTAL :
PART C :
PART C MAX INDICATOR : MIN: MAX:
PART D :
PART E :
PART E DEPENDENTS :
RETIREE :
MONTHLY SALARY : SMOKER IND: PREMIUM EMPLOYEE:
===== LTD INSURANCE =====
BASIC :
OPTIONAL :
RETIREMENT SYSTEM : PREMIUM EMPLOYEE:
NEXT FUNCTION: A 55 TYPE: I SSA: _ COV-MO:
ENTR-NXT,PF1-HLP,PF2-RET,PF3-SYS,PF7-UP,PF8-DN
```

The A.55 screen is used to review historical enrollment status and coverage levels for basic and optional life and employer-paid and employee-paid LTD insurance. The information on this screen is a result of additions and changes made to the A.45 and A.46 screens. *This does not apply to medical only groups. Higher education institutions may use it for employer-paid LTD only.*

The Coverage Period From/Thru fields represent the beginning and ending coverage periods that applies to the employee’s historical life and LTD enrollment information. It is possible for an employee to have multiple history records; however, they will not apply to the same coverage period(s).

Screen functionality includes:

- Inquiry on employee’s life and LTD information.
- Page through coverage periods in chronological order.
- Access to the A.55 screen from the A.45 or A.46 screens by selecting F9.
- Specific history records may be accessed by entering a month and year of coverage in the command line.

### Helpful Tips for the A.55 Screen

- **Navigation to and from the Originating Screen** — The A.55 screen may be accessed from the A.45 or A.46 screens by selecting F9. To navigate back to the originating screen, select F2.
- **Selecting History Records** — When a coverage month is entered, the system will access the employee history record that was in effect for that month. If no value is entered, the system will default to the current history record. If a coverage month and year is entered for which no history record exists, the system will display the message “Requested Record Not Found.”
- **Page Up/Page Down** — Use the F7 and F8 keys to page through the records in order.

## Subscriber and Dependent Searches

### Subscriber Search

1. From any Pay1 screen, select F3 to access the System Menu.

```
X0202 PLEASE MAKE SELECTION
                      ***** X.02 SYSTEM MENU *****                      MAPX021

=> TO SELECT AN ITEM IN THIS SECTION
  ENTER 'S' BEFORE OPTION AND PRESS ENTER

  █ SUBSCRIBER NAME-SSA CROSS REFERENCE
  _ DEPENDENT NAME-SSN CROSS REFERENCE
  _ SYSTEM MESSAGES AS OF 07/26/2000 11:39:09
  *****
=> TO SELECT AN ITEM IN THIS SECTION
  PLACE CURSOR BEFORE OPTION AND PRESS PF1

  _ CALENDARS - ONLINE SYSTEMS
  _ TRAINING SCHEDULE
  _ SYSTEM AVAILABILITY INFORMATION
  _ ADDITIONAL INFORMATION MENU

CLEAR - EXIT, PF2 - RETURN
```

2. Enter an "S" next to the Employee Name—SSA Cross Reference option. Select Enter.

```
X0404 PLEASE ENTER NAME
                      ***** X.04 ALPHA CROSS REFERENCE *****                      MAPX041

SEARCH NAME : _

I/U      NAME          AGY  SUB      SSA      HLTH  DNTL
-----
PF2-RETURN, PF4-NEW SEARCH, PF7-UP, PF8-DOWN, ENTER-SELECT
```



The screen includes the Name, Agency and Sub Agency code, the social security number and current enrollment in medical and dental.

3. To search for an employee's record, enter the last name of the employee. You can further qualify the search by also entering a comma and first name (e.g., Adams, Sam).
  - To page through the list, select F7 to page up and F8 to page down.
  - To start a new search, select F4.
4. To view or update the record, enter "I" (Inquiry) or "U" (Update) on the line next to the name. Select Enter. The record will open in Inquiry or Update mode if you have the home agency lock.

If the employee is enrolled with another agency, you will receive an "Unauthorized Request" message and limited information will be available.

### ***Dependent Search***

1. From the A.43 screen, select F3. The system menu displays.

```
X0202 PLEASE MAKE SELECTION
                ***** X.02 SYSTEM MENU *****
                                MAPX021

==> TO SELECT AN ITEM IN THIS SECTION
    ENTER 'S' BEFORE OPTION AND PRESS ENTER

    SUBSCRIBER NAME-SSA CROSS REFERENCE
    DEPENDENT NAME-SSN CROSS REFERENCE
    SYSTEM MESSAGES AS OF 07/26/2000 11:39:09
    *****
==> TO SELECT AN ITEM IN THIS SECTION
    PLACE CURSOR BEFORE OPTION AND PRESS PF1

    CALENDARS - ONLINE SYSTEMS
    TRAINING SCHEDULE
    SYSTEM AVAILABILITY INFORMATION
    ADDITIONAL INFORMATION MENU

CLEAR - EXIT, PF2 - RETURN
```

2. Tab to the Dependent Name—SSN Cross Reference line. Enter an “S.” Select Enter.

```

X0404 PLEASE ENTER NAME
          ***** X.04 ALPHA CROSS REFERENCE *****          MAPX041
SEARCH NAME :  _
I/U      NAME          AGY  SUB      SSA      HLTH  DNTL
-----
PF2-RETURN, PF4-NEW SEARCH, PF7-UP, PF8-DOWN, ENTER-SELECT

```

The screen includes the Name, Agency and Sub Agency code, the social security number and current enrollment in medical and dental.

3. To search for a dependent, enter the last name. You can further qualify the search by entering a comma and the first name (e.g., Public, Joan).
  - To page through the list, select F7 to page up and F8 to page down.
  - To start a new search, select F4.
4. To view the record, enter an “I” (Inquiry) on the line next to the name. Select Enter.

If the dependent is enrolled on an account that does not belong to your agency, you will receive an “Unauthorized Request” message and limited information will be available.
5. To view the employee’s name and Agency/Sub-Agency information, go to the A.01 screen.

### ***Helpful Tips for Search Options***

- Page Up/Page Down – Select the F7 and F8 keys to page through the records
- Start a New Search – Select F4
- The dependent search may be helpful in resolving dual enrollment issues. When you receive the “PEBB dual enrollment not allowed—contact employee for resolution” message, use the dependent search to find the employee’s name and agency. Contact the agency to begin resolving the dual enrollment issue. See the Procedures for Dual Enrollment section in Chapter 2 of this manual for more information.

- Always begin the dependent search from the A.43 screen. If you begin the dependent search from any screen other than the A.43 screen, you will not have the option to enter the record in Inquiry mode to view the employee's name and agency information.
- You will receive an "Unauthorized Request" message if your agency does not have the agency lock for the employee. The employee's name and agency number will be viewable on the A.01 screen.
- Always use "Inquiry" when accessing records of employee and dependent records enrolled in benefits under another agency.

## Prevent Insurance Reconciliation Problems

### *Pay1 System*

- When enrolling subscribers, enroll in screen order (A.01, A.41, A.43, A.44, A.46). Jumping back and forth creates extra history records, which may cause insurance premiums to back out and re-bill incorrectly and may create multiple carrier notifications.
- If a keying error is made, wait a day to correct the error. Correcting it on the same day creates extra history records, which may cause insurance premiums to back out and re-bill incorrectly and may create multiple carrier notifications. **State agencies using HRMS** – It also sends confusing records on the GAP16 interface to HRMS.
- If you enter a wrong effective date, end date, or any other date, contact O&T for assistance through [HCA Support](#). Re-keying may cause insurance premiums to back out and re-bill incorrectly. **State agencies on HRMS** – Remember to check HRMS to ensure change was correctly uploaded. *Note: There is a 1-2 day turnaround on processing GAP reports.*
- Once you terminate or transfer an employee out of your agency in the Pay1 system, you are no longer able to make changes to that record. If you receive a request from the employee for changes, send a [HCA Support](#) message to O&T for record updates.

### *State agencies – HRMS and Pay1 system*

- Employee's insurance effective dates can vary from the 1<sup>st</sup> of the month through the 4<sup>th</sup> of the month, depending on the first working day in a month and the employee's date of hire (first day of work). Known issues are:
  - ***Employee is hired with an effective date of the 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> day of the month and the insurance effective date in Pay1 is not the same as the hire date in HRMS.***  
If the insurance effective date is prior to the hire date or appointment change in HRMS, you will need to manually key in HRMS, as the insurance record on the GAP16 will not auto-load to HRMS.
  - ***Employee hired on the first of the month in a benefits-eligible position will usually require manual entry in HRMS for the 10<sup>th</sup> payroll for both employee and employer contribution.***

Run a Movement/Turnover report (ZHR\_RPTYU26). In the “date from” selection, use the last day of the previous pay period. In the “date to” selection, use the first day of the next pay period. HRMS is date-specific, so this will capture all new transfers and employees.

- When enrolling a state-registered domestic partner, Pay1 recognizes them as a spouse. When GAP16 report runs and updates HRMS, the update goes into HRMS as an employee with spouse. If the state-registered domestic partner does not qualify as an IRC Section 152 dependent, go into HRMS, and set them up as NQSSDP. This will set the premiums as an after-tax deduction.