

# **Chapter 3**



## **Termination, Reinstatement, and Transfers**

**Higher Education and  
Medical Only Employer Groups**

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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>
Find 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

## Termination

Including: Termination of employment, death of the employee, authorized paid pay (LWOP), layoff due to a lack of funds or an organizational change, retirement, loss of eligibility, and employer group leaving PEBB

### Termination of an Employee

1. Log into the Pay1 insurance system.
2. Access the employee's record.
3. On the command line, enter A.41 in the Next Function screen. Enter "U" in the Type field. Enter. The A.41 screen displays in update mode.

```
***** A.41 - SUBSCRIBER DATA ***** MAPA411
SOC SEC NBR: 999 99 0024 NAME : SAMUELS, SAM OSCAR
HOME AGENCY : 095 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 : S (S = SINGLE; M = MARRIED/PARTNERSHIP)
DECEASED DATE:
MARITAL STATUS DATE: RETIRED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE: 12 24 2018 TERM REASON:
60-DAY:
BASIC LIFE/LTD DATE: SUPP LIFE: OPT LTD:
NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 0024 AGY: 095 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
```

4. Tab to the ELIGIBILITY CODE field. Enter "N."
5. Enter the effective date of termination in the ELIG EFF DATE field. (*Refer to [Policy 19-1, Addendum 19-1A](#) for termination dates due to loss of eligibility.*)
6. Enter the termination code in the ELIGIBILITY REASON field. Valid codes include:

31 Employment Ending/Ineligible Position	36 Retirement
32 Termination – Gross Misconduct	38 Applying for Disability Retirement
33 Approved LWOP	50 Faculty/Seasonal between eligibility
34 Layoff	51 USERRA or Educational Leave
35 Death	53 Reversion not due to layoff
7. Tab through the LIFE INS field. (The Life Insurance field automatically updates to an "N".)
8. If termination is due to death (reason code 35), enter the date of death in the DECEASED DATE field. *Note: This date is required when reason code 35 is entered.*

9. On the command line, enter A.41 in the Next Function Field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted. *Note: **Higher education institutions** – Employees who terminate, decease, or retire owe a full month’s premium for their medical, life, and LTD. **Medical only groups** – Employees who terminate, decease, or retire owe a full month’s premium for their medical. Remember to deduct the full premium from their last paycheck.*

Current changes and changes retroactive to the lower limit date will be updated immediately. Future date changes will move to the Pending fields until the future effective date equals the current process period.

## **Additional Information**

### **General Information**

- Benefits end the last day of the month in which the employee has at least 8 hours of pay status.
- PEBB will send the employee and dependents a PEBB Continuation Coverage Election Notice.
- **Higher education institutions** – MetLife will send a notification of Portability and Conversion options for Life insurance.
- **Higher education institutions** – If the spouse or state-registered domestic partner is enrolled in PEBB benefits on their own PEBB account, any in-force supplemental life insurance may be transferred to the spouse/state-registered domestic partner’s account no later than 31 days after the termination date.
- **Higher education institutions** – If the employee or a covered dependent dies within 31 days of the termination date, life insurance benefits will be paid.
- Employees who terminate owe a full month’s premium for their benefits. Deduct the correct amount from the employee’s last paycheck.
- Untimely entry of terminations in the Pay1 insurance system can affect the employee’s options and the employer’s financial responsibility. Refer to [Policy 19-1, Addendum 19-1A](#) for guidance on termination dates.

### **Approved paid leave (LWOP), Layoff, Faculty/seasonal between periods of eligibility**

Includes: Approved paid leave (not FMLA), Educational leave, USERRA leave, Faculty and Seasonal between periods of eligibility

- If the employee will maintain eligibility for the employer contribution while on approved paid leave, leave the employee enrolled in the Pay1 insurance system for each month in which the employee is in pay status 8 or more hours.
- **Higher education institutions** – Advise employee if supplemental life insurance premiums are not paid while on leave or layoff, carrier approval will be required to reinstate supplemental life insurance.

- **Higher education institutions** – Employees on educational or USERRA leave have the option to continue employee-paid LTD insurance. If the employee does not continue employee-paid LTD while on leave, carrier approval will be required to reinstate coverage.

### ***Family Medical Leave (FMLA)***

- Employee maintains eligibility for the employer contribution while on approved FMLA, even if the employee is not using at least 8 hours of pay status each month.
- Make arrangements with the employee to collect premiums if not using at least 8 hours of pay status.
- **Higher education institutions** – The LTD premium is based on the last month in which the employee was in full pay status prior to going on FMLA.

## ***Termination of a Spouse/Partner***

### **Divorce, Dissolution of Partnership, or Death**

#### ***Date of Divorce, Dissolution or Death is within 60 days***

1. Log into the Pay1 insurance system.
2. Access the employee’s record.
3. On the command line, enter A.41 in the Next Function field. Enter “U” in the Type field. Enter. The A.41 screen displays in Update mode.

```

***** A.41 - SUBSCRIBER DATA *****
MAPA411

SOC SEC NBR: 999 99 0024          NAME : SAMUELS, SAM OSCAR
HOME AGENCY : 095                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 : S ($ = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE:           DECEASED DATE:
                                RETIRED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE: 12 24 2018 TERM REASON:
                                60-DAY:
BASIC LIFE/LTD DATE:           SUPP LIFE:           OPT LTD:
NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 0024 AGY: 095 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

4. Tab to the MARITAL STATUS field. Change the status to “S” (single) and remove the marital status date.
5. Tab to the SPOUSE/PARTNER DIV/DIS/DEC DATE field. Enter the divorce date or date of death.

6. Tab to the TERM REASON field. Enter a reason code. Valid codes are:

**35** Spouse/Partner Death                      **42** Spouse/Partner Divorced/Dissolution

7. On the command line, enter A.41 in the Next Function field. Enter “I” in the Type field. Select F10 to update.

If you entered Reason code 42, the following prompt will display: “Employee notified you no later than 60 days from the end of the month in which the event occurred? (Y/N).” Enter a “Y” or “N.” Reason code 42 Divorce or Dissolution will disappear from the A.41 screen and display on the A.43 screen in the Reason field.

Verify the changes are accepted.

The spouse record will automatically reflect a change in the relationship code from “S” spouse to ex-spouse and terminate coverage the end of the month in which the death or divorce occurred. In the event of a divorce or dissolution, the employee must notify MetLife to cancel spouse life insurance. In the event of death, the employee contacts MetLife to file the claim.

***Date of Divorce, Dissolution or Death is outside 60 days***

1. Log into the Pay1 insurance system.
2. Access the employee’s record.
3. On the command line, enter A.43 in the Next Function field. Enter “U” in the Type field. Enter. If there is more than one dependent the A.42 screen will display, if there is only one dependent, the A.43 screen will display.
4. If the A.42 screen displays, enter a “U” next to the dependent to be removed from coverage. Enter. The A.43 screen will display for that dependent.

```

***** A.43 - DEPENDENTS DATA *****
MAPA431
SUBSCR SOC SEC : 999 99 0024 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 HI: S SFX:
RELATIONSHIP: X EX-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: N 12 31 2018 12 31 2018 42 DIVORCED/DISSOLUTION
TOBACCO: N 01 01 2019
DENTAL: N 12 31 2018 12 31 2018 42 DIVORCED/DISSOLUTION
PHYS/CLINIC : 60-DAY: Y 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 07 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

```

5. Tab to the HEALTH ENR field and enter an “N” if enrolled.



6. Tab to the EFF DATE field, enter the termination date. Refer to the Lower Limit and Current Process Month Calendar, located on the [PEBB BA website](#), for the termination date.

- If the termination is due to death, refer to [Policy 19-1, Addendum 19-1A](#) for the termination date.

7. Tab to the REASON field. Enter a reason code. Valid codes are:

35 Spouse/Partner Death                      42 Spouse/Partner Divorced/Dissolution

7. **Higher education institutions** – Repeat steps for Dental coverage, if enrolled.

8. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Select F10 to update.

If you entered Reason code 42, the following prompt will display: “Employee notified you no later than 60 days from the end of the month in which the event occurred? (Y/N).” Enter a “Y” or “N.”

Verify the changes are accepted.

Contact O&T through HCA Support or call 1-800-700-1555 to request the correct divorce, dissolution or death date be entered on the A.41 screen. PEBB will update the A.41 screen. Any supplemental spouse life insurance will automatically terminate the end of the month in which the death or divorce occurred. HCA will allow up to three months of accounting adjustments. Refer to [WAC 182-08-180](#) for refund information.

## ***Termination of an Ineligible Dependent***

### **Loss of Eligibility**

The Scheduled Automatic Terminations (HRISDB5020-R01) report lists dependent children who have lost eligibility for PEBB coverage. Dependent children who have reached the age of 26, extended dependent, and dependents with disabilities whose certification has expired will automatically term in the Pay1 insurance system.

*Note: Terminations of dependents with disabilities and extended dependents that are not automatic terminations, as described above, must be submitted to PEBB for processing.*

1. Log into the PAY1 system.
2. Access the employee’s record.
3. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Enter. If there is more than one dependent, the A.42 screen will display. If there is only one dependent, the A.43 screen will display.
4. If the A.42 screen displays, enter a “U” next to the dependent to be removed from coverage. Enter. The A.43 screen will display for that dependent.
5. Tab to the HEALTH ENR field. Enter an “N.”

6. Enter the date the coverage is to be terminated in the EFF DATE field. (Refer to [Policy 19-1, Addendum 19-1A](#) for termination dates due to loss of eligibility.)
7. Enter code 41 – Dependent Loses Eligibility in the REASON field.
8. **Higher education institutions** – If the dependent is enrolled in dental, tab to the DENTAL ENR field. Enter an “N”.
9. **Higher education institutions** – Enter the date the coverage is to be terminated in the EFF DATE field. (Refer to [Policy 19-1, Addendum 19-1A](#) for termination dates due to loss of eligibility.)
10. Enter code 41 – Dependent Loses Eligibility in the REASON field.
11. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Select F10 to update.  
  
If you entered Reason code 41, the following prompt will display: “Employee notified you no later than 60 days from the end of the month in which the event occurred (Y/N).” Enter “Y” or “N.”
12. Verify the changes are accepted.

Current changes and changes retroactive to the lower limit date will be updated immediately. Future date changes will move to the Pending fields until the future effective date equals the current process period.

## ***Termination in Error***

If you terminate an account in error, you must wait one-day to correct the termination error.

To correct the error and ensure the life insurance is also reinstated:

1. Reinstatement the coverage on the A.41 using Reason Code 01 – Newly Eligible Employee and an effective date of the first of the month following the end date. (e.g., if the account was terminated with an 1/31/2019 date, reinstate with a 2/1/2019 effective date)
2. Tab through the life insurance and the DT ELIG TO APPLY fields.
3. On the command line, enter A.41 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted.

The Life Insurance field updates to a “Y” and the DT ELIG TO APPLY will default to the effective date.

## Employee Regains Eligibility

Includes: Employees returning from Layoff within 24 months, returning from approved LWOP, faculty/seasonal returning to work within 12 months, and returning from active military duty (USERRA).

```

***** A.41 - SUBSCRIBER DATA *****
MAPA411
SOC SEC NBR: 999 99 0024          NAME : SAMUELS, SAM OSCAR
HOME AGENCY : 095                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 : S (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE:             DECEASED DATE:
RETIRED DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE: 12 24 2018 TERM REASON:
60-DAY:
BASIC LIFE/LTD DATE:             SUPP LIFE: OPT LTD:
NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 0024 AGY: 095 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

1. Log into the Pay1 system.
2. Access the employee's record.
3. On the command line, enter A.41 in the Next Function field. Enter "U" in the Type field. Enter. The A.41 screen displays in Update mode.
4. Tab to the ELIGIBILITY CODE field and change the "N" to "Y" or "X".
5. Enter the effective date in the ELIG EFF DATE field. The effective date is the first of the month in which the employee has eight or more hours of pay status.
6. Enter the appropriate reason code in the ELIGIBILITY REASON field.
  - 04 – Return from Layoff
  - 05 – Return from LWOP
  - 12 – Return to work faculty/seasonal
  - 13 – Return from active military duty (USERRA)
7. Tab through the LIFE INS field. The field will default to a "Y" once you update the record.
8. Tab to the DT REGAIN ELIG field. Enter the date the employee returned to work with at least 8 hours of pay status.
9. On the command line, enter A.41 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.

- On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Enter. Screen A.44 displays in Update mode.

```

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

SOC SEC NUMBER: 999 99 0024          NAME : SAMUELS, SAM OSCAR
ELIGIBILITY TYPE : Y          EMPLOYER CONTRIBUTION : 916.00
===== HEALTH INSURANCE =====
HEALTH ENR: Y          CHG DT:          REASON:
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:
PREM EFF DT: 12 31 2018  SURCHARGE - TOBACCO: 0.00  SPOUSAL: 0.00
PREMIUM - EMPLOYEE: 107.00  TOTAL: 107.00
===== 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: 12 31 2018  PREMIUM - EMPLOYEE: 0.00

NEXT FUNCTION: A 45 TYPE: I SSA: 999 99 0024 AGY: 095 SUB:          PAY ACTION:
INQUIRY ONLY          ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

- If the employee is enrolling in medical, enter “Y” or “X” in the HEALTH ENR field. If the employee is waiving medical, enter a “D” in the HEALTH ENR field.
- Enter the effective date in the CHG DATE field. The effective date is the first of the month in which the employee has at least eight hours of pay status.
- If the employee is enrolling in medical, leave the REASON field blank. If the employee is waiving medical, enter reason code 40 – Employee waives.
- If the employee is enrolling in medical, enter the carrier code in the CARRIER field. Refer to Medical and dental plan codes guidance on the [PEBB BA website](#). If the employee did not submit forms within 31 days, default the employee to U – Uniform Medical Plan.

*Note: Pay1 will automatically assign a “W” (e.g., UW) after a subscriber’s medical plan code, which indicates the subscriber earned the wellness incentive. You do not need to key the wellness code, even if an employee changes plans mid-year.*

*Note: If the subscriber’s home address is not within the service area for the carrier code entered, you will receive an error message. Select F4 to cancel the transaction and verify the carrier’s service area. If the message was received in error, contact O&T through [HCA Support](#).*

If the health plan carrier code remains a “Z” for more than 90 days from the effective date, the system will automatically enroll the employee only (i.e. no dependents) in the Uniform Medical Plan Classic.

- Tab to the TOBACCO field. If the employee attested to using tobacco, enter a “Y.”

If the employee attested to not using tobacco, enter a “N.”

If the employee did not attest or did not submit a complete attestation, enter a “D.”  
(Employee will incur the premium surcharge)

*Note: The tobacco use premium surcharge only applies to subscribers enrolled in medical benefits.*

16. Enter the effective date of the attestation in the EFF DT field. The effective date is the same as the medical effective date if the employee attested within 31-days of regaining eligibility.

17. **Higher education institutions** – To enroll the employee in dental coverage, tab to the DENTAL ENR field. Enter “Y”.

**Medical Only** – Enter a “D” in the DENTAL ENR field.

18. **Higher education institutions** – Enter the effective date in the EFF DT field. The effective date is the first of the month in which the employee has at least eight hours of pay status.

**Medical Only** – Do not enter an effective date.

19. **Higher education institutions** – Enter the Carrier code. Refer to Medical and dental plan codes guidance on the [PEBB BA website](#). If the employee did not submit forms within 31 days, default the employee to 1 – Uniform Dental Plan.

If the dental carrier code remains a “9” for more than 90 days from the effective date, the system will automatically enroll the employee only (i.e. no dependents) in the Uniform Dental Plan.

20. On the command line, enter A.44 on the Next Function field. Enter “I” in the Type field. Select F10 and update. Verify the changes are accepted.

## Reinstatement

Employee returns from waive status due to loss of other medical coverage or during annual open enrollment.

- Proof of loss of other medical coverage is required when an employee returns from waive outside of annual open enrollment. Refer to the [Proof of Loss](#) guidance to ensure the proof includes all required information.
- The enrollment form and proof of loss must be received no later than 60 days after the employee’s coverage ended.

1. Log into the Pay1 system.

2. Access the employee’s record.

- On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Enter. Screen A.44 displays in Update mode.

```

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

SOC SEC NUMBER: 999 99 0024          NAME : SAMUELS, SAM OSCAR
ELIGIBILITY TYPE : Y                EMPLOYER CONTRIBUTION : 916.00
===== HEALTH INSURANCE =====
HEALTH ENR: Y          CHG DT:          REASON:
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: 12 31 2018   PREMIUM - EMPLOYEE: 107.00   TOTAL: 107.00
===== 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: 12 31 2018   PREMIUM - EMPLOYEE: 0.00

NEXT FUNCTION: A 45 TYPE: I SSA: 999 99 0024 AGY: 095 SUB:      PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

- Tab to the HEALTH ENR field. Enter a “Y” or “X.”
- Tab to the CHG DT field, enter the effective date. The effective date is the first of the month following the later of the date the form was received, or the date the employee’s coverage was ended.
- Tab to the REASON field. Enter reason code 10 – Return from waive.
- Tab to the TOBACCO field. Enter the employee’s attestation, “Y” or “N”. If the employee did not attest, enter a “D”.
- Tab to the EFF DT field. Enter the same effective date as for medical.
- On the command line, enter A.44 on the Next Function field. Enter “I” in the Type field. Select F10 and update. Verify the changes are accepted.

## Transfers

If an employee transfers to, or from, a PEBB-participating employer group to a state agency or higher education institution, do not use the Pay1 transfer fields to transfer the employee. The employee must be terminated on the A.41 screen because the rate structure is different than state agencies and higher education institutions.

**Higher education institutions** – Employee transferring between a State Agency and a Higher Education Institution (with the exception of an employee transferring in or out of University of Washington (Agency 360)\*)

- The losing agency should notify the gaining agency when the transfer is complete in Pay1. If you are the gaining agency and the transfer has not been completed, contact the losing agency. State agency contact information can be found on the [Agency Contact List](#).

## ***Losing Agency***

1. Log into the Pay1 system.
2. Access the employee's record.
3. On the command line, enter A.41 in the Next Function field. Enter "U" in the Type field. Enter. The A.41 screen displays in Update mode.
4. Tab to the TRANSFER REASON field and enter code 401.
5. Enter the effective date in the TRANSFER EFF DT field. The effective date is the last day of the month in which the employee is transferring. *Note: When a transfer occurs at any time prior to the end of the month, the losing agency is responsible for paying the premium for the entire month.*
6. On the command line, enter A.41 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.
7. Notify the gaining agency the transfer has been completed in Pay1. The [Agency Contact List](#) will help you determine who to send the employee file to.

*\*For University of Washington employees, terminate the employee effective the last day of the month in which the employee has at least 8 hours of pay status.*

*All other employers, if the employee is transferring to the University of Washington, terminate the employee in Pay1. Do not use the transfer code.*

## ***Gaining Agency***

1. Log into the Pay1 system.
2. Access the employee's record.
3. On the command line, enter A.41 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.41 screen displays in Update mode.
4. If the employee has not been transferred out of the losing agency or terminated, notify the agency of the transfer. View the [Agency Contact List](#) to determine who to contact at the employee's state agency or higher education institution or contact O&T through HCA Support.
5. Enter your agency code in the HOME AGENCY field. If applicable, enter the new HOME SUB AGENCY code.
6. In the TRANSFER REASON field, enter code 201.
7. Enter the effective date in the TRANSFER EFF DT field. The transfer date should be the first day of the month following the date the employee transferred.

*Note: Do not update any other fields at this time. Additional changes require a separate transaction.*

8. On the command line, enter A.41 in the Next Function field. Enter “1” in the Type field. Select F10 to update. Verify changes are accepted.