


# Chapter 2



## **Enroll, Waive, Change Plans, and Dual Enrollment**

*Higher Education and  
Medical Only Employer Groups*

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## **Enroll a Newly Eligible Employee**

Employees must complete the required forms indicating enrollment elections, including the election to waive medical. Forms must be received by the employing agency or the carrier, as appropriate, no later than 31 days after the employee becomes eligible for benefits (generally the first day of work).

If the employing agency does not receive enrollment forms within the 31-day eligibility period, default the employee to Uniform Medical Plan, Uniform Dental Plan, Basic Life and Basic LTD insurance as a single subscriber (no dependents enrolled). In addition, default the employee to incur the tobacco use premium surcharge.

Forms submitted to employing agency:

- Employee Enrollment/Change form
- Dependent verification documents, if employee is adding dependents

**Higher education institutions only –**

- Long-Term Disability (LTD) Enrollment/Change form
- Navia Enrollment/Change form, if the state agency employee would like to enroll in a Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP)

Forms submitted directly to carrier:

- MetLife Enrollment/Change form or electronically through the MetLife *MyBenefits* portal

## Verify/Create Employee Record

```

***** A.01 - PERSON DATA *****                               MAPA011
SOC SEC:      000 00 1111                                     HOME AGY/SUB-AGY: 107
LAST NAME:    CITIZEN                                       SUFFIX:
FIRST NAME:   JOHN                                         ----PHONE----:
MIDDLE NAME:  Q                                           BUSINESS/WORK: 360 001 0001
SHORT NAME:   CITIZEN, JOHN Q                             HOME: 360 002 0002
EMAIL ADDRESS:                                                OPT IN:
HOME ADDRESS:
LINE1: 123 MAIN STREET                                     ADDR EFF DATE: 02 20 2015
LINE2:
LINE3:
CITY: OLYMPIA                                           COUNTY: 34 THURSTON
                                                    ST: WA ZIP CD: 98506
                                                    COUNTRY CD:
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
LINE1:
LINE2:
CITY:
                                                    ST: ZIP CD:
                                                    COUNTRY CD:
BIRTH DT: 06 01 1975 GENDER: M PERM ST:
NEW SSA:
NEXT FUNCTION: A 41 TYPE: U SSA: 000 00 1111 AGY: 107 SUB: P2-PRT :
INQUIRY ONLY ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM
  
```

1. Log into the Pay1 System. Access the A.01 screen.
2. On the command line, enter "A" (Add) in the Type field. Enter the social security number in the SSA field. Enter the agency code in the Agency field. Enter the sub-agency code in the Sub field, if applicable. Enter.
3. Enter the employee's name in the appropriate fields. *Note: The short name field is not accessible when creating a new record. The short name will be created when you save the record.*

Y	Use if the employee is an eligible active employee of a state agency, higher education institution, K-12 school district, educational service district or employer group on the composite rate.
X	Use if the employee is an eligible active employee of a K-12 school district, educational service district or employer group on the tiered rate.

4. Enter the work and home phone information.
5. Enter the home address on Address Line 1.  
*Note: Refer to the [Foreign Address](#) section of this manual for instructions on entering foreign and American Territory addresses.*
6. Enter the County code in the County field (requirement for Washington State addresses only).  
*Note: If you are not sure of the county code, select the F1 key. A pop-up box will give you a list of valid County codes. Select the F8 key to page forward and the F7 key to page back through the list. To close the pop-up window, select F3.*

7. Enter the city, state and zip code information.
8. If the employee included a mailing address different than the home address, enter the information on Line 1 under MAILING ADDRESS. Enter the city, state and zip in the appropriate fields.
9. Enter the employee's date of birth and gender.
10. On the command line, enter A.01 in the Next Function field. Enter "I" (Inquiry) in the Type field. F10 to save the record.

## Establish Employee Eligibility

```

***** A.41 - SUBSCRIBER DATA *****
MAPA411
SOC SEC NBR: 252 44 8858          NAME : NEW, EMPLOYEE
HOME AGENCY   : 360              HOME SUB AGENCY :
TRANSFER REASON :                TRANSFER EFF DT :
HOME PHONE    : 360 459 2121     BUSINESS/MSG PH : 360 456 1212
MAIL STOP     :                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: 10 16 2016
QUALIFY REASON :                COBRA/SELF END DT:
PENDING ELIG CODE :            PENDING EFF DATE:
ORIG SOC SEC NUM :            ORIG AGENCY   :
APPT STATUS    :                AGY EFF/END DATE: 11 01 2016
PAY METHOD      : D PAYROLL DEDUCT MONTHLY SALARY : 3600.00
MARITAL STATUS : S (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE:          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: 252 44 8858 AGY: 360 SUB: PAY ACTION:
INQUIRY ONLY ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

1. On the command line, enter A.41 in the Next Function field. Enter "U" in the Type field. Enter. The A.41 screen opens in update mode.
2. Enter the Home Agency code and the Home Sub Agency code, if applicable.
3. Enter a "Y" or an "X" in the ELIGIBILITY CODE field.

<b>Y</b>	Use if the employee is an eligible active employee of a state agency, higher education institution, K-12 school district, educational service district or employer group on the composite rate.
<b>X</b>	Use if the employee is an eligible active employee of a K-12 school district, educational service district or employer group on the tiered rate.

4. Enter the effective date in the ELIG EFF DATE field. Refer to the [Effective date of coverage](#) guidance on the Perspay website.

5. Enter the appropriate reason code in the ELIGIBILITY REASON field.  
**01** – Newly eligible employee  
**03** – Retiree rehire
6. Tab through the LIFE INS field. *Note: This field will default to a “Y” once you update the record (F10).*
7. Tab to the DT ELIG TO APPLY field; enter the date the employee is eligible to apply for benefits. This is the date that starts the 31-day clock for submitting forms (generally the first day worked).
8. Verify, change or enter “D” (payroll deduction) in the PAY METHOD field.
9. **Higher education institutions** – Enter the employee’s monthly salary in the MONTHLY SALARY field. **Medical Only** – Enter 9.00.
10. If the employee is adding a spouse or state-registered domestic partner, enter “M” (Married) in the Marital Status field. Otherwise, enter “S” (Single).
  - a. Verify the employee submitted dependent verification documents with the enrollment form.
  - b. Verify employee has completed a *Declaration of Tax Status* form if employee is enrolling a spouse or state-registered domestic partner who does not qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).
11. If marital status is “M,” enter the date of marriage or date of registration of the state-registered domestic partnership in the MARITAL STATUS DATE field.
12. On the command line, enter A.41 in the Next Function field. Enter “I” in the Type field. F10 to update. Verify the changes are accepted.
13. If the employee is adding dependents, on the command line, enter A.43 in the Next Function field. Enter “A” in the Type field. Enter.

## Add an Eligible Spouse and/or Dependent(s)

```

***** A.43 - DEPENDENTS DATA *****
SUBSCR SOC SEC : 000 00 1111 NAME : CITIZEN, JOHN Q
----- DEPENDENT DATA -----
DEPEND SOC SEC : 000 00 0002 GENDER: F DEPEND NAME : CITIZEN, JOAN A
LST NM: CITIZEN 1ST NM: JOAN MI: A SFX:
RELATIONSHIP: S SPOUSE BIRTHDATE: 07 01 1980 QUAL RSN: M MARRIED
MEDICARE - A: N MEDICARE - B: N HICN:
CERT IND: EFF DT: END DT: SSN: FNB: DT:
----- CURRENT -----
ENR EFF DATE PREM DATE REASON ENR EFF DATE
HEALTH: N 02 02 2015 02 02 2015 11 NEED VERIFICATION DOC
TOBACCO: Y 02 02 2015
SPOUSAL: Y 02 02 2015
DENTAL: N 02 02 2015 02 02 2015 11 NEED VERIFICATION DOC
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: SRC: ST DT: 02 20 2015
NEXT FUNCTION: A 44 TYPE: SUBSCR SSA: 000 00 1111 DEPEND SSA: 000 00 0002
INQUIRY ONLY ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

### Dependent Data

1. Enter the dependent's social security number in the DEPEND SOC SEC field. *Note: Every effort should be made to enter a valid SSN for a dependent.*
2. Enter gender in the GENDER field.
3. Enter the dependent's last name in the LST NM field.
4. Enter the dependent's first name in the 1<sup>ST</sup> NM field.
5. Enter the middle initial in the MI field, and the suffix, if applicable, in the SFX field.
6. Enter the appropriate relationship of the dependent to the subscriber in the RELATIONSHIP field.
  - S** – Spouse or state-registered domestic partner (*Note: There must be a marriage/ registration date on the A.41 screen to add a spouse or state-registered domestic partner.*)
  - C** – Son
  - D** – Daughter
  - F** – Extended dependent
7. Enter the dependent's date of birth in the BIRTHDATE field.
8. If the dependent is a spouse, state-registered domestic partner, extended dependent, or a dependent with disabilities, age 26 or older, enter the code in the qualifying reason in the QUAL RSN field.
  - M** – Married

**P** – State-registered domestic partner

**D** – Extended dependent

**A** – Dependent child with disabilities, age 26 or older

*Note: Enrollment for all dependents, except extended dependents, requires dependent verification.*

### **Current Data—Health**

1. Tab to the HEALTH field. If the employee is enrolling the dependent in medical coverage, enter a “Y.” If the employee is not enrolling the dependent in medical coverage, enter an “N.”
2. Enter the dependent’s effective date of enrollment in the EFF DATE field.  
If the employee is newly eligible, the enrollment date will be the same as the employee’s.  
If the dependent is not enrolling in coverage, leave the field blank.
3. If the dependent is enrolling in medical coverage, enter code **01** – Newly eligible member in the REASON field.  
If the dependent is not enrolling in medical coverage, enter code **49** – Not elected in the REASON field.

### **Premium Surcharges**

1. Tab to the TOBACCO field. If the employee attested that the dependent, age 13 or older, uses tobacco, enter a “Y.”  
If the employee attested the dependent does not use tobacco, enter a “N.”  
If the employee did not attest for their dependent, enter a “D.” (Employee will incur the premium surcharge)  
*Note: The tobacco use premium surcharge only applies to dependents age 13 and older that are enrolled under a subscriber’s medical benefits. A subscriber must attest for all his/her dependent(s) over the age of 13.*
2. Enter the effective date in the EFF DATE field.  
For newly eligible employees who attest within 31 days, the effective date is the same effective date as medical and dental.
3. Tab to the SPOUSAL field. *Note: If the dependent is not a spouse or state-registered domestic partner, skip the Spousal field. It will only remain displayed if the QUAL RSN field is “M” or “P”.*  
If the employee attested “Yes” to the spousal premium surcharge, enter a “Y.”  
If the employee attested “No” and checked a question (Question 2 through 6) on the attestation form, enter the number in place of “N.” If the employee selected more than one question, key the first number. (For example, if employee checked Question 2 and 6, key “2.”)



If the employee attested “No” and did not provide a number, enter an “N.”

If the employee did not attest or attested after their 31-day enrollment period, enter a “D.”  
(The employee will incur the premium surcharge.)

4. Enter the effective date in the EFF DATE field.

For newly eligible employees who attest within 31 days, the effective date is the same as their medical and dental.

If the newly eligible employee does not attest or attests after 31 days, they will incur the premium surcharge and can only re-attest during specific times of the year:

- a. When employee becomes eligible to enroll a spouse or state-registered domestic partner in PEBB medical.
- b. During annual open enrollment.
- c. When there is a change to the spouse or state-registered domestic partner’s employer-based group medical insurance.

### ***Current Data—Dental***

1. **Higher education institutions** – If the dependent is enrolling in dental coverage, enter a “Y” in the DENTAL ENR field. If the dependent is not enrolling in dental coverage, enter an “N.”

**Medical Only** – Enter an “N” in the DENTAL ENR field.

2. **Higher education institutions** – Enter the dependent’s effective date of enrollment in the EFF DATE field. If the employee is newly eligible, the enrollment date is the same as the newly eligible employee.

If the dependent is not enrolling in coverage, leave the field blank.

**Medical Only** – Do not enter a date in this field.

3. **Higher education institutions** – If the dependent is enrolling in dental coverage, enter code **01** – Newly eligible member in the REASON field.

If the dependent is not enrolling in dental coverage, enter code **49** – Not elected in the REASON field.

**Medical Only** – Verify/Enter code **49** – Not elected in the REASON field.

### ***Clinic Codes and Address***

1. **Higher education institutions** – If the employee selected a managed care medical or dental plan and included a clinic or provider code on the enrollment form, enter the code in the appropriate field.

Enter the medical provider/clinic code in the PHYS/CLINC field.

Enter the dental provider or clinic code in the DENTAL/CLINIC field.

*Note: These fields are not required.*

2. If the dependent’s address is different from the subscriber, enter the dependent’s address.

## ***Dependent Verification***

Agencies can choose to enter dependent verification (DV) into the Pay1 system. If your agency does not currently have access, but would like to enter DV, contact PEBB Outreach and Training through [FUZE](#).

If PEBB Outreach and Training enters DV for you, disregard this section and send a copy of the enrollment form and DV documents through FUZE.

Valid [proof](#) for dependent verification is required to enroll a dependent. Dependent verification documents must be received within 31-days of the date of eligibility for newly eligible employees. Tips for processing DV documents are available on the Quick Reference Guide page of the Perspay website under Dependent Verification, [Dependent verification instructions](#).

1. Tab to the VERIFY: ST field.
2. Enter the appropriate status code in the ST field.
  - V** – Verified
  - VO** – Verified any other state equivalent of a state-registered domestic partnership
  - VE** – Verified where at least one partner is age 62 or older
  - I** – Incomplete (not all required documents were submitted)
  - IL** – Illegible (documents require translation or are otherwise unreadable)
  - IV** – Invalid (documents submitted are not on the approved list for verification)
  - D** – Denied (dependent does not meet the definition of an eligible dependent)
3. Tab to the SRC field.
4. Enter the appropriate valid source code in the SRC field.
  - AD** – Adoption decree or legal document that shows legal obligation for total or partial support in anticipation of adoption
  - B** – Birth certificate
  - D** – Certificate of state-registration of domestic partnership or registration card
  - DE** – Defense Enrollment Eligibility Reporting System (DEERS) registration
  - DI** – Certificate of state-registration or registration card and proof of financial interdependency
  - DR** – Certificate of state-registration or registration card and proof of common residency
  - I** – Proof of financial interdependency
  - JV** – J1 or J2 Visa issued by the US government
  - LS** – Legal separation notice
  - MC** – Marriage certificate only (use when marriage occurred within the last 2 years)
  - M** – Marriage certificate (use if waiting for proof of financial interdependency or common residency)
  - MI** – Marriage certificate and proof of financial interdependency

**MR** – Marriage certificate and proof of common residency

**P** – Court-ordered parenting plan

**PD** – Petition for dissolution of marriage

**PI** – Petition for invalidity (annulment) for domestic partners

**R** – Proof of residency (use when waiting for a marriage certificate or state registration of a domestic partnership)

**SN** – Qualified medical support notice

**T** – Prior year's Federal tax return

*Note: If the employee does not submit all required documents (e.g., submits a marriage certificate but no proof of residence or proof of a financial interdependency), enter the source code for the document that is missing.*

5. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

If dependent verification is coded as invalid (IV), illegible (IL) or incomplete (I) the enrollment code with change to an "N" and the reason code will change to an 11 – Need verification document(s) and the dependent is not enrolled.

Follow-up with the employee to ensure the employee submits valid DV documents within the 31-day enrollment period.

*Note: If you receive an error message indicating a problem with dual enrollment, see the Dual Enrollment section of this chapter.*

6. Repeat enrollment steps for each dependent listed on the enrollment form.

## ***Extended Dependents and Dependents with Disabilities***

### ***Extended Dependents***

If the employee is adding an extended dependent, in addition to the *Employee Enrollment/Change* form, the employee must also submit the *Extended Dependent Certification* form and a copy of a valid court order showing legal custody or guardianship. A copy of the *Extended Dependent Certification* form must be submitted to HCA for approval.

### ***Dependent with Disabilities***

If the employee is adding a dependent with disabilities, age 26 or older, the employee must submit the *Certification of Dependent with a Disability* form as directed on the form. Dependent verification documents are also required for a dependent with disabilities.

In both cases, the dependent will pend enrollment until approval is keyed into the Pay1 system by HCA.

## Enroll Employee in Health and Dental Coverage

```

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

SOC SEC NUMBER: 000 00 1111          NAME : CITIZEN, JOHN Q
ELIGIBILITY TYPE      : Y              EMPLOYER CONTRIBUTION : 662.00

===== HEALTH INSURANCE =====
HEALTH ENR: Y      CHG DT:              REASON: 01  NEWLY ELIGIBLE MEMBER
EFF DT: 02 02 2015  END DT:              PENDING:      EFF DT:
CARRIER: U      UNIFORM ME              NEW CARRIER:    EFF DT:
MEDICARE A: N      MEDICARE B: N          CLINIC ID:
TOBACCO: N      EFF DT: 02 02 2015      PENDING:      EFF DT:
WELLNESS:      ATTESTATION DT:          HICN:
PREM EFF DT: 02 02 2015  SURCHARGE - TOBACCO: 0.00  SPOUSAL: 0.00
PREMIUM - EMPLOYEE: 84.00  TOTAL: 84.00

===== DENTAL INSURANCE =====
DENTAL ENR: Y      CHG DT:              REASON: 01  NEWLY ELIGIBLE MEMBER
EFF DT: 02 02 2015  END DT:              PENDING:      EFF DT:
CARRIER: 1      UNIFORM DE              NEW CARRIER:    EFF DT:
CLINIC ID:
PREM EFF DT: 02 02 2015  PREMIUM - EMPLOYEE: 0.00

NEXT FUNCTION: A 45 TYPE: 4 SSA: 000 00 1111 AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY      ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```

### Health Insurance

1. The HEALTH ENR field defaults to “Y” if the eligibility code entered on the A.41 screen is “Y” or an “X”. If the employee chose to waive medical coverage, enter a “D” in the HEALTH ENR field.
2. Enter the effective date of the health plan enrollment in the CHG DT field. Benefits begin the first day of the month following the date the employee becomes eligible to apply for benefits. If the employee’s date of eligibility is the first working day of the month, benefits begin that day. Refer to the [Effective date of coverage](#) guidance on the Perspay website.
3. If the employee is enrolling in medical, leave the REASON field blank. If the employee is waiving medical, enter **40** – Employee Waives in the REASON field.
4. 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 Perspay 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” 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 HCA through [FUZE](#).*

If the health plan carrier code remains at “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.

5. If the employee selected a managed care medical plan and included a clinic or provider code on the enrollment form, enter the code in the CLINIC ID field.

### ***Tobacco Use Premium Surcharge***

1. 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 form, enter a “D.”  
(Employee will incur the premium surcharge)

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

2. Enter the effective date in the EFF DT field. For newly eligible employees who attest within 31 days, the effective date is the same date as medical and dental.
3. Tab through the WELLNESS field. **Do not key in this field.** 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.
4. Tab through the ATTESTATION DT field. **Do not key in this field.** 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.

*Note: Any employee hired January 1 and after is eligible to earn the SmartHealth wellness incentive for the upcoming year. Direct the employee to the SmartHealth website at [www.smarthealth.hca.wa.gov](http://www.smarthealth.hca.wa.gov) and the employee can begin earning points toward the incentive.*

### ***Dental Insurance***

1. The Dental Enrolled field defaults to “Y” if the eligibility code entered on the A.41 screen is “Y” or an “X.”  
**Higher education institutions** – Do not change this field; employees cannot waive dental coverage.  
**Medical Only** – Verify a “D” has auto-populated in the DENTAL ENR field.
2. **Higher education institutions** – Enter the effective date of the dental plan enrollment in the CHG DT field. The effective date is the same as medical.  
**Medical Only** – Do not enter an effective date.
3. **Higher education institutions** – Enter the Carrier code. Refer to [Medical and dental plan codes](#) guidance on the Perspay 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 at “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.
4. **Higher education institutions** – If the employee selected a managed care dental plan and included a clinic or provider code on the enrollment form, enter the code in the CLINIC ID field.

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

*Note: If you receive an error message indicating a problem with dual enrollment, see the Dual Enrollment section of this chapter.*

6. On the command line, enter A.45 in the Next Function field. Enter “U” in the Type field. Enter. The A.45 screen displays in update mode.

## Life Insurance

**Higher education institutions** – Employee basic life insurance is automatically enrolled on the A.45 screen when the eligibility code is set to “Y” OR “X” on the A.41 screen.

All optional life insurance enrollment is processed and administered by MetLife. The *MetLife Enrollment/Change form\** or enrollment through the MetLife *MyBenefits* portal ([www.metlife.com/wshca](http://www.metlife.com/wshca)) for optional life must be received by MetLife no later than 31 days after the date the employee becomes eligible for PEBB benefits. If the employee is requesting more than the guaranteed issue amount or submits their form after 31 days, Statement of Health is required.

The employee is responsible for enrolling in optional life insurance directly with MetLife.

See the [Life Administration Manual](#) for more information.

## Long-Term Disability Insurance

**Higher education institutions** – Basic LTD is automatically enrolled on the A.46 screen when the eligibility code is set to “Y” or “X” on the A.41 screen.

See the [LTD Administration Manual](#) for more information.

## Foreign Address

### *Enter a Foreign Address*

1. Access the A.01 screen.
2. Tab to the Home or Mailing Address Line 1 field. Enter the street address. Follow USPS standards: <http://pe.usps.com/text/pub28/welcome.htm>
3. Enter the city in the City field.
4. For the State field, if the address is:
  - In Canada, enter the Canadian Province
  - A military address, enter the military state code
  - In any other country, enter “ZZ”
5. Enter the zip code, if applicable.
6. Enter the Country code. For a list of valid Country codes, visit <http://countrycode.org>.

**Note:** *American Territory codes are entered in the Country Code field.*

7. On the command line, enter A.01 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted.

## **Correct a Social Security Number**

### ***Subscriber’s SSN***

1. Log into the Pay1 system.
2. Access the employee’s A.01 screen in Update mode.
3. Tab down to the NEW SSA field. Enter the correct social security number.
4. On the command line, enter A.01 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify changes are accepted.

### ***Dependent’s SSN***

1. Log into the Pay1 system.
2. Access the A.01 screen in Inquiry mode (“I” in the Type field).
3. On the command line, enter A.43 in the Next Function field. If only one dependent exists, the A.43 screen will display; if multiple dependents exist, the A.42 screen will open.  
  
If the A.42 screen opens, enter a “U” next to the dependent that needs updating. Enter. The A.43 screen for the dependent opens.  
  
Otherwise, on the command line, enter A.43 in the Next Function field. Enter “U” in the Type field. Enter.
4. Tab to the NEW DEPEND SSA field. Enter the correct social security number.
5. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the social security number has been corrected.

## **Plan Changes**

Plan changes may be made during annual open enrollment and if the employee has a qualifying event that triggers a special open enrollment. For information on qualifying events, refer to [Policy 45-2, Addendum 45-2A](#).

### ***Medical Plan Change***

If the requested plan change is due to a special open enrollment event, the employee must submit forms and proof of the event no later than 60 days from the days of the event.

1. Log into the Pay1 system.
2. Access the employee’s record.
3. On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Enter.
4. If the employee is changing medical plans, tab to the Health CHG DT field.
5. Enter the date the change is effective.

Annual open enrollment – January 1 of the upcoming year.

Special open enrollment – First of the month following the later of the date the form is received or the date of the event for most events. Refer to [Policy 45-2, Addendum 45-2a](#) for plan change effective dates when adding a newborn and all other special open enrollment effective dates.

6. Enter the code in the NEW CARRIER field. Refer to [Medical and dental plan codes](#) on the Perspay website.

*Note: Pay1 will automatically assign a “W” 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: A “W” displayed next to a carrier name indicates an online annual open enrollment change through the PEBB website.*

7. If the subscriber is not changing dental plans, change the command line to A.44 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted.

## **Dental Plan Changes**

### **Higher education institutions –**

1. Tab to the Dental CHG DT field. Enter the effective date. Refer to [Medical and dental plan codes](#) on the Perspay website.

2. Enter the code in the NEW CARRIER field.

*Note: A “W” displayed next to a carrier name indicates an online annual open enrollment change through the PEBB website.*

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

*Note: Current changes and changes retroactive to the Lower Limit Date will be updated immediately. The New Carrier codes will show in the CURRENT Carrier fields.*

*Future date changes will move to the health NEW CARRIER and dental NEW CARRIER fields with the effective date in the new EFF DT field when the future effective date equals the current process period.*

*Changes with an effective date prior to the Lower Limit Date require HCA approval. Please submit a request for approval to HCA through [FUZE](#). Do not proceed with changes while using an incorrect effective date. On the command line, enter A.44 in the Next Function Field. Enter “I” in the Type field. Select F4 to cancel.*

## **Add Dependents after Initial Enrollment**

Dependents may be added during annual open enrollment or if the employee or dependent has a qualifying event that triggers a special open enrollment (refer to [Policy 45-2, Addendum 45-2A](#)).

Employees must submit dependent verification documents when adding a new dependent.

Employees must also re-attest to the tobacco use premium surcharge for themselves and attest



for each new dependent added to medical coverage, age 13 and older.

If the employee is adding a spouse or state-registered domestic partner, the employee must also attest to the spouse or state-registered domestic partner coverage premium surcharge.

### ***Enroll Spouse/Partner in Medical/Dental***

Employees have 60 days from the date of marriage or registration of their partnership to enroll a new spouse or state-registered domestic partner. Proof of the event is required.

If a dependent does not qualify as a tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b), a *Declaration of Tax Status* form is required when adding a dependent.

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 MARITAL STATUS field. Change the "S" (Single) to an "M" (Married).
5. Tab to the MARITAL STATUS DATE field. Enter the date of marriage or date of state registration of the partnership.
6. 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.
7. On the command line, enter A.43 in the Next Function field. Enter "A" in the Type field. Enter. The A.43 screen displays in Add mode.
8. Create the spouse or state-registered domestic partner's record as outlined in the [Add an Eligible Spouse and/or Dependent](#) section of this manual.

### ***Spouse/Partner Life Insurance***

#### **Higher education institutions –**

All life insurance enrollment is processed and administered by MetLife.

The *MetLife Enrollment/Change form\** or enrollment through the MetLife *MyBenefits* portal ([www.metlife.com/wshca](http://www.metlife.com/wshca)) for optional life insurance must be received by MetLife no later than 60 days from the date of marriage or registration of their partnership.

If the employee is requesting more than the guaranteed issue amount or submits their form after 60 days, Statement of Health is required.

### ***New Dependent Child***

An employee may enroll a newborn, adopted child, or a child the employee has assumed a legal obligation for total or partial support in anticipation of adoption. If adding the child increases the premium (e.g., if this is the first dependent child on the account), the subscriber must submit the *Employee Enrollment/Change form* along with dependent verification no later than 12 months after the date of the birth, adoption, or the date legal obligation is assumed for total or partial support in anticipation of adoption.

*Note: Subscribers should submit their enrollment form and dependent verification as soon as possible, as subscribers will pay back premiums to the child's date of birth, adoption, or assumed legal obligation.*

Collecting premiums for enrolled newborns and newly adopted children:

**Newborns:** A full month's premium is due for newborns with a birth date prior to the 16<sup>th</sup> of the month. Newborns with a birth date on or after the 16<sup>th</sup> of the month premium will begin the following month.

**Adoptions:** A full month's premium is due for enrolled adopted dependents with an assumed legal obligation date or adoption date prior to the 16<sup>th</sup> of the month. Adopted dependents with an assumed legal obligation date or adoption date on or after the 16<sup>th</sup> of the month premium will begin the following month.

### ***Enroll New Child in Medical/Dental Coverage***

Create the dependent's record as outlined in the [Add an Eligible Spouse and/or Dependent](#) section of this manual.

### ***Child in Life Insurance***

All life insurance enrollment is processed and administered by MetLife. The employee may submit the *MetLife Enrollment/Change* form\* or enroll the dependent child through the MetLife MyBenefits portal ([www.metlife.com/wshca](http://www.metlife.com/wshca)).

## **Pending Coverage**

### ***Change a Pending Carrier***

1. Log into the Pay1 System.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Enter. The A.44 screen displays in Update mode.
4. If the medical carrier code needs to be changed, tab to the health CHG DT field and re-key the pending date.
5. Key the new code in the health CARRIER field.
6. If the dental carrier code needs to be changed, tab to the dental CHG DT field and re-key the pending date.
7. Key the new code in the dental CARRIER field.
8. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

### ***Erase a Pending Carrier***

1. Log into the Pay1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field.

Enter. The A.44 screen displays in Update mode.

4. If the pending medical carrier code needs to be erased, tab to the health NEW CARRIER field. Enter an asterisk (\*).
5. If the pending dental carrier code needs to be erased, tab to the dental NEW CARRIER field. Enter an asterisk (\*).
6. On the command line, enter A.44 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted. When pending coverage is erased, the fields will be populated with the previous values.

### ***Erase a Pending Waiver or Enrollment***

1. Log into the Pay1 system.
2. Access the employee’s record.
3. On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Enter. The A.44 screen displays in Update mode.
4. Tab to the HEALTH ENR field. Change the “Y,” “N,” or “D” to an asterisk (\*).
5. On the command line, enter A.44 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify the changes are accepted.

*Note: If there is pending enrollment on the A.41 screen, the pending enrollment on the A.55 history screen will not be erased.*

## **Dual Enrollment**

Dual enrollment in PEBB coverage is not permitted for a subscriber or a dependent. Refer to [WAC 182-12-123](#) and [Policy 45-2, Addendum 45-2A](#) for more details.

When a subscriber or dependent is added to Pay1, the system will search for existing enrollment, referencing the social security number entered. If the subscriber or dependent is already enrolled in PEBB medical or dental coverage, enrollment of coverage will not be allowed. The following message displays: “PEBB dual enrollment not allowed—contact subscriber for resolution.”

### ***Employee Dual Enrollment***

Employee enrolled on another PEBB account as a dependent becomes eligible for benefits.

### ***Important Elements of Employee Dual Enrollment***

- Defer to the new employee to determine desired enrollment.
- The eligible employee must enroll in dental, but may choose to:
  - Enroll in medical, or
  - Waive medical and remain enrolled in medical as a dependent on the other account.
  - If the employer does not receive forms within 31 days of becoming eligible for benefits,

the employee is defaulted to Uniform Medical Plan Classic and Uniform Dental Plan\* ([WAC 182-12-197](#)).

- Both employers and HCA must coordinate to prevent a gap in coverage for the new employee when the employee switches coverage to their new employer.

*\*Medical Only – Employee defaults to Uniform Medical Plan Classic only.*

### ***Process to Correct Employee Dual Enrollment Issue***

1. When the dual enrollment message displays in Pay1, cancel the transaction (F4).
2. Conduct a dependent search in Pay1 to identify the subscriber your employee is enrolled under as a dependent and the subscriber's employer. Dependent search is included in Chapter 1 of this manual.
3. Contact the employer to request the release of the dependent—your employee. (The [Agency Contact List](#) is available for state agencies.) If you do not know who to contact, send a [FUZE](#) to Outreach and Training to request the contact information.
4. Coordinate with the other employer.
  - Notify the employer of your employee's medical and dental eligibility (e.g. remove from medical and dental or remove from dental only). *No form is required by the other employer to remove your employee from their employee's account.*
  - Provide the coverage end date (last day of the month before the employee's coverage begins) to avoid a gap in coverage.
  - If the end date is beyond the lower limit date, contact Outreach and Training. Do not enter a date as far back as you can and then ask Outreach and Training to correct the date. This results in billing issues.
  - Do not request that your employee be released from other coverage until you have (1) received the enrollment forms or (2) the employee is beyond the 31-day eligibility period and will be defaulted.
5. When the employer releases your employee from dependent coverage, contact Outreach and Training through FUZE to set up the A.41 screen.
6. Enroll or default the employee as appropriate. If the employee is defaulted, notify the employee of the action taken.

## ***Dependent (Spouse/Children) Dual Enrollment***

Employee requesting enrollment for a dependent already enrolled as a dependent on another PEBB account or agency receives a court order or National Medical Support Notice.

### ***Important Elements of Dependent Dual Enrollment***

- Defer to the employee to determine desired enrollment. There must also be coordination with the other PEBB subscriber.
  - The subscriber where the dependent is currently enrolled must submit an enrollment form to their employer to remove the dependent from their account within 60 days of the special open enrollment qualifying event.
  - The dependent may be enrolled in medical only, dental only or both medical and dental.
- The removal date must coincide with the dependent's effective date. Both employees must coordinate to prevent a gap in coverage for the dependent when coverage changes to the other employee's account.
- Do not term a dependent if they are currently enrolled on an account due to a court or Support NMSN order. Refer the employee back to the Support Enforcement office.

### ***Process to Correct Dependent Dual Enrollment Issue***

1. When the dual enrollment message in Pay1 displays, cancel the transaction (F4).
2. Conduct a dependent search in Pay1 to identify the employee the dependent is enrolled under and the employee's employer. (Instructions for a dependent search are included in Chapter 1 of this manual).
3. Coordinate with the other employer:
  - a. Notify the employer of your employee's medical and dental elections for the dependent (e.g. remove from medical and dental or remove from dental only). An enrollment form is required by the other employer to remove the dependent from the employee's account within 60 days of the qualifying event. If you do not know who to contact (the [Agency Contact List](#) is available for state agencies), send a FUZE to Outreach and Training and request the contact information.
  - b. Provide the coverage end date (last day of the month before the dependent's coverage begins) to avoid a gap in coverage. *Note: The dependent's effective date would be the same as the newly eligible employee.*
  - c. If the end date is beyond the lower limit date, contact Outreach and Training. Do not enter a date as far back as you can and then ask Outreach and Training to correct the date. This results in billing issues.
4. When the employer releases the dependent from dependent coverage, contact Outreach and Training through FUZE if you are unable to set up the A.43 screen.

## Waiving Coverage

Employees may waive medical coverage during annual open enrollment or during a special open enrollment if they have other employer-based group medical, TRICARE, or Medicare. Refer to [Policy 45-2, Addendum 45-2A](#) for information on qualifying events.

### ***Employee***

1. Log into the Pay1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Enter. The A.44 screen displays in Update mode.
4. Tab to the HEALTH ENR field. Enter a "D" for waived.

*Note: When the record is updated with the waive code "D," enrolled dependent's medical coverage will automatically be terminated ("N") on the A.43 screen. Dependents cannot be enrolled in medical coverage if the employee has waived coverage.*

5. Enter the effective date of the health plan waiver in the CHG DT field. *Note: For currently enrolled employees, refer to the special open enrollment [Policy 45-2, Addendum 45-2A](#). For newly eligible employees, enter the effective date. For annual open enrollment, enter January 1 of the upcoming year.*
6. Enter code **40** – Waived in the REASON field.

**Higher education institutions** – *Note: The Dental Insurance Subscriber Enrolled field defaults to "Y" (yes) if the eligibility code entered on the A.41 screen is "Y." Do not change this field; employees cannot waive dental coverage.*

7. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.

### ***Spouse/Partner and/or Dependents***

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" for Inquiry 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.

If the A.42 screen displays, place a "U" (update) next to the dependent to be removed from coverage. Enter. The A.43 screen will display for that dependent.

4. To remove the dependent from medical coverage, enter an "N" in the HEALTH field on the A.43 screen.
5. Enter the effective date. *Note: If a newly eligible employee's dependents are not enrolling in medical coverage, do not enter a date. For currently enrolled dependents waiving medical coverage, refer to the special open enrollment [Policy 45-2, Addendum 45-2A](#) or the loss of eligibility [Policy 19-1, Addendum 19-1A](#). For annual open enrollment, enter January 1 of the upcoming year.*

6. Enter code **40** – Dependent voluntarily terms in the REASON field.
7. **Higher education institutions** – To remove the dependent from dental coverage, enter an “N” in the DENTAL field.
8. **Higher education institutions** – Enter the effective date. *Note: If a newly eligible employee’s dependents are not enrolling in dental coverage, do not enter a date. For currently enrolled dependents waiving dental coverage, refer to [Policy 19-1, Addendum 19-1A](#). For annual open enrollment, enter January 1 of the upcoming year.*
9. **Higher education institutions** – Enter code **40** – Dependent voluntarily terms in the REASON field.
10. On the command line, enter A.43 in the Next Function field. Enter “I” in the Type field. Select F10 to update. Verify changes are accepted.
11. Repeat the above steps for every dependent to be removed from coverage.

## Enrolling in Medical after Waiving Coverage

Employees may re-enroll during annual open enrollment or during a special open enrollment. For employees returning from waive status outside of annual open enrollment, proof of the special open enrollment event is required.

Refer to [Policy 45-2, Addendum 45-2A](#) for information on qualifying events, effective dates for enrollment and valid proof of the event. Questions should be directed to PEBB Outreach and Training through [FUZE](#).

### Employee

1. Log into the Pay1 system.
2. Access the employee’s record.
3. On the command line, enter A.44 in the Next Function field. Enter “U” in the Type field. Enter. The A.44 screen displays in Update mode.
4. Tab to the HEALTH ENR field and enter a “Y.”
5. Enter the effective date in the CHG DT field. *For employees returning from waive status outside of annual open enrollment, refer to [Policy 45-2, Addendum 45-2A](#) for special open enrollment events and effective dates.*
6. Enter code **10** – Return from waive in the REASON field.
7. Enter the selected [plan code](#) in the CARRIER field.

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

8. Enter the employee’s tobacco use premium surcharge attestation in the TOBACCO field. Valid codes include:

“Y” – Employee uses tobacco products

“N” – Employee does not use tobacco products

“D” – Employee did not attest

9. Enter the effective date in the ATTESTATION DT field. When an employee is returning from waive, the effective date is the same as the effective date of medical.
10. On the command line, enter A.44 in the Next Function field. Enter “I” in the Type field. F10 to update. Verify changes were accepted.

### ***Spouse/Partner and/or Dependents***

Employees may enroll dependents during annual open enrollment or during a special open enrollment. For dependents added outside of annual open enrollment, proof of the special open enrollment event is required.

Refer to [Policy 45-2, Addendum 45-2A](#) for information on qualifying events, effective dates for enrollment and valid proof of the event. Questions should be directed to PEBB Outreach and Training through [FUZE](#).

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.

If the A.42 screen displays, enter a “U” (update) next to the dependent enrolling in coverage. Enter. The A.43 screen with display for that dependent.

4. If the dependent is enrolling in medical, tab to the HEALTH field and enter a “Y.”
5. Enter the effective date in the EFF DATE field. *For dependents enrolling outside of annual open enrollment, refer to [Policy 45-2, Addendum 45-2A](#) for special open enrollment events.*
6. Enter code **10** – Return from waive in the REASON field.
7. Enter the dependent’s tobacco use in the TOBACCO field. If the employee is enrolling a spouse, enter the spousal premium surcharge attestation in the SPOUSAL field.
8. Enter the effective date of the attestation(s) in the EFF DATE field. The effective date is the same as the effective date of medical.
9. **Higher education institutions** – If the dependent is enrolling in dental, tab to the DENTAL field. Enter “Y.”
10. **Higher education institutions** – Enter the effective date in the EFF DATE field. *For dependents enrolling outside of annual open enrollment, refer to [Policy 45-2, Addendum 45-2A](#) for special open enrollment events.*
11. **Higher education institutions** – Enter code **10** – Return from waive in the REASON field.
12. **Higher education institutions** – If the employee selected a managed care medical and/or dental plan and included the provider code on the enrollment form, enter the provider or clinic code in the appropriate field. For medical in the PHYS/CLINIC field, for dental in the DENTAL/CLINIC field.
13. On the command line, enter A.43 in the New Function field. Enter “I” in the Type field. Select F10 to update the record. Verify changes are accepted.