Chapter 4

Termination, Reinstatement, and Transfers

State Agencies and 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

Health Care Authority	
Employee and Retiree Benefits (ERB) Division	
Public Employees Benefits Board Program • PO Box 42684 • Olympia, WA 98504-2684	
Outreach and Training	
For Personnel / Payroll / Benefits Use Only	
Outreach and Training (O&T)	1-800-700-1555
Secure messaging:	https://support.hca.wa.gov/hcasupport
PEBB BA website:	www.hca.wa.gov/pebb-benefits-administrators
Find forms and order materials:	www.hca.wa.gov/pebb-benefits-admins/forms-and-publications
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, key A.41 in the Next Function screen. Key "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)
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 ELIGIBILITY CODE field. Key "N."

5. Key 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), key 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, key A.41 in the Next Function Field. Key "I" in the Type field. Select F10 to update. Verify the changes are accepted. *Note: Employees who terminate, are deceased, or retire owe a full month's premium for their medical, dental, life, and LTD. 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.

- MetLife will send a notification of Portability and Conversion for Life insurance.

- If the spouse or state-registered domestic partner is enrolled in PEBB benefits on their own PEBB account, any in-force optional life insurance may be transferred to the spouse/state-registered domestic partner's account no later than 31 days after the termination date.

- 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.

- Advise employee if optional life insurance premiums are not paid while on leave or layoff, carrier approval will be required to reinstate optional life insurance.

- 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.

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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.

- 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

Note: Stepchildren enrolled on the account will be automatically terminated when the spouse/partner is terminated due to a divorce, dissolution, or death of the 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, key A.41 in the Next Function field. Key "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)
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. Key the divorce/dissolution date or date of death.

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

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

7. On the command line, key A.41 in the Next Function field. Key "I" in the Type field. Select F10 to update.

   If you keyed 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)." Key a "Y" or "N." The 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, key A.43 in the Next Function field. Key "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, key 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           MI: 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 --------------------  --- PENDING ---
       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: V  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.

   - If the termination is due to divorce or dissolution, refer to the Lower Limit and Current Process Month Calendar 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. Key a reason code. Valid codes are:

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

7. Repeat steps for Dental coverage, if enrolled.

8. If the employee included the different address for the spouse/partner, tab to the ADDR Line 1, enter the street address. Enter the City, State and Zip in the appropriate fields.

9. On the command line, key A.43 in the Next Function field. Key "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 optional 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 dependents, and dependents with disabilities whose certification has expired will automatically terminate 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, key A.43 in the Next Function field. Key "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, key 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. Key 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. Key code 41 – Dependent Loses Eligibility in the REASON field.

8. If the dependent is enrolled in dental, tab to the DENTAL ENR field. Key an "N".

9. Key the date the coverage is to be terminated in the EFF DATE field. *(Refer to [Policy 19-1, Addendum 19-1AAddendum 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, key A.43 in the Next Function field. key "I" in the Type field. Select F10 to update.

    If you keyed 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)." Key "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. Reinstate 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 termed 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, key A.41 in the Next Function field. Key "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 (USERRRA).

```
***** 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, key A.41 in the Next Function field. Key "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. Key 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. Key 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. Key the date the employee returned to work with at least 8 hours of pay status.

9. On the command line, key A.41 in the Next Function field. Key "I" in the Type field. Select F10 to update. Verify changes are accepted.

10. On the command line, key A.44 in the Next Function field. Key "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
```

11. If the employee is enrolling in medical, key "Y" in the HEALTH ENR field. If the employee is waiving medical, key a "D" in the HEALTH ENR field.

12. Key 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.

13. If the employee is enrolling in medical, leave the REASON field blank. If the employee is waiving medical, key reason code 40 – Employee waives.

14. If the employee is enrolling in medical, key 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 (UW), 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.

15. Tab to the TOBACCO field. If the employee attested to using tobacco, key a "Y."

    If the employee attested to not using tobacco, key "N."

    If the employee did not attest or did not submit a complete attestation, key "D." *(Employee will incur the premium surcharge)*

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

16. Key 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. To enroll the employee in dental coverage, tab to the DENTAL ENR field. Key "Y".

18. Key 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.

19. Key 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 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.

20. On the command line, key A.44 on the Next Function field. Key "I" in the Type field. Select F10 and update. Verify the changes are accepted.

21. On the command line, key A.46 in the Next Function field. Key "U" in the Type field. Enter. The A.46 screen displays in Update mode.

```
                  ***** A.46 - LTD COVERAGE *****            MAPA461

 SOC SEC NUMBER: 999 99 0024              NAME : SAMUELS, SAM OSCAR

 AGENCY        : 095              LTD ENROLLED   : Y
 SUB AGENCY    :                  ENR EFF/END DATE: 01 01 2019

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

 BASIC    :   Y          01 01 2019

 OPTIONAL :   Y   120    01 01 2019



 PREMIUM  EMPLOYEE:       .00     ELIM. PERIOD PERCENT:   .360
 RETIREMENT SYSTEM:     OTHERS



 NEXT FUNCTION: A 41 TYPE: I SSA: 999 99 0024 AGY: 095 SUB:    PAY ACTION:
 INQUIRY ONLY     ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
```

22. If the employee was previously enrolled in employee-paid LTD and was not eligible to continue employee-paid LTD (educational leave and USERRA) reinstate the same coverage level (50 or 60-percent) the employee had prior. The effective date is the first of the month following the month in which the employee is in pay status for eight hours or more.

    If the employee was eligible to continue employee-paid LTD while on educational leave or USERRA and the employee self-paid their coverage, enroll the employee in the same waiting period they had prior.

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If the employee was eligible to continue employee-paid LTD and did not self-pay their employee-paid LTD, the employee must submit evidence of insurability for carrier approval to reinstate the coverage. Contact O&T to verify employee-paid LTD was self-paid.

23. On the command line, key A.46 in the Next Function field. Key "I" in the Type field. Select F10 to update. Verify the changes are accepted.

    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 New Health Carrier and New Dental Carrier fields with the effective date in the New Effective Date field when the future effective date equals the current process period.

    Changes made with an effective date prior to the lower limit date require HCA approval. Submit the request to O&T, in writing, for review. **Do not** proceed with changes using an incorrect effective date. On the command line, key A.44 in the Next Function field. Key "I" in the Type field. Select F4 to cancel.

Reinstatement

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

- Proof of loss of other 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.

3. On the command line, key A.44 in the Next Function field. Key "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
```

4. Tab to the HEALTH ENR field. Key a "Y".

5. Tab to the CHG DT field, key 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.

6. Tab to the REASON field. Key reason code 10 – Return from waive.

7. Tab to the TOBACCO field. Key the employee's attestation, "Y" or "N". If the employee did not attest, key a "D".

8. Tab to the EFF DT field. Key the same effective date as for medical.

9. On the command line, enter A.44 on the Next Function field. Key "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.

State Agencies – 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)*

- When transferring employees, the transfer should be completed in Pay1 first so the new information coming from HRMS (GAP9) will update any new information for the employee, such as salary or address change.

- If the transfer is not completed in Pay1 first, any changes to fields, such as salary, will not upload from the GAP9 correctly in Pay1 due to gaining agency not having the agency lock in Pay1.

- 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. Agency contact information (state and higher education) can be found on the [Agency Contact List](#).

- A manual adjustment in HRMS will be required when transferring an employee to an agency not utilizing HRMS (some state agencies and higher education institutions).

Losing Agency

1. Log into the Pay1 system.

2. Access the employee's record.

3. On the command line, key A.41 in the Next Function field. Key "U" in the Type field. Enter. The A.41 screen displays in Update mode.

4. Tab to the TRANSFER REASON field and key code 401.

5. Key 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, key A.41 in the Next Function field. Key "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 in the Pay1 system 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 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, key A.41 in the Next Function field. Key "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. Key your agency code in the HOME AGENCY field. If applicable, key the new HOME SUB AGENCY code.

6. In the TRANSFER REASON field, key code 201.

7. Key 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, key A.41 in the Next Function field. Key "I" in the Type field. Select F10 to update. Verify changes are accepted.

*HRMS offers a Movement and Turnover Report (ZHR_RPTPYU26) that may help state agencies track staff transfers.