

SEBB Benefit Eligibility



A-2 Worksheet: *Newly hired employee NOT anticipated to work at least 630 hours in the school year*

Employee Name: _____

SEBB Organization: _____

Date notice provided to employee: _____

Worksheet Reminders:

- *This worksheet provides notification of SEBB benefit eligibility for a newly hired employee who is NOT anticipated to work at least 630 hours in a school year (Sept 1 - Aug 31).*
- *Notice should be provided to the employee upon employment. The employee must have no less than ten calendar days after the date of receiving notice to elect coverage.*
- *For new hires, the SEBB Organization must keep a hard copy or electronic acknowledgement that notice was received by the employee.*
- *The ACA definition of full-time does not determine eligibility for SEBB benefits. See link for guidance: hca.wa.gov/perspay/affordable-care-act-guidance-participating-employer-groups*

EMPLOYEE ELIGIBILITY NOTIFICATION

1. Requirements for Eligibility (WAC 182-31-040)	Enter a n for "no"
<p>Is the employee anticipated to work at least 630 hours per the school year? Enter "n" if the employee is not anticipated to work at least 630 hours per the school year. If "n", then continue with section 2. If the employee is anticipated to work at least 630 hours, then complete the A-1 worksheet.</p> <p>When anticipating work hours: Include all hours:</p> <ul style="list-style-type: none"> • Worked in the capacity as an employee with the SEBB Organization. • Worked from multiple positions within the same SEBB Organization (stacking). • Compensated by the SEBB Organization for employees while on leave or a paid holiday. 	
2. Unable to work at least 630 hours due to time of year hired (WAC 182-31-040) (2)(d))	Enter a y or n
<p>Is the employee anticipated to work less than 630 hours due to the time of the school year in which they were hired, but they are anticipated to work at least 630 hours the next school year for the same SEBB Organization?</p>	
<p>If "Yes," complete the A-3 worksheet. If "No", continue with the section 3.</p>	

3. SEBB Organization engaging in local negotiations regarding SEBB Benefits eligibility criteria? (WAC 182-30-130)		Enter a y or n
Does the employee belong to a specific group within the SEBB Organization that has a collective bargaining agreement (CBA) in place that provides locally negotiated eligibility criteria?		
If "Yes," complete the A-4 worksheet. If "No" , continue with the section 4.		
4. Eligibility Determination (WAC 182-31-040)(2)(a))		Decision
<p>The employee is not eligible at this time for SEBB benefits. Routinely monitor the employee's work hours to determine if:</p> <ul style="list-style-type: none"> • They end up actually working at least 630 hours in the school year, or • Their work pattern is revised to where they are now anticipated to work at least 630 hours. 		
5. Signature and Date: To be reviewed and signed by the employee and employer		
<p>I (the employee):</p> <ul style="list-style-type: none"> • Have reviewed the above information and acknowledge the determination made. website, specifically WAC 182-31-040 and WAC 182-30-080: hca.wa.gov/employee-retiree-benefits/rules-and-policies/sebb-rules-and-policies • Understand if I have a change that affects my eligibility for SEBB benefits, my employer will notify me. • Understand I have the right to ask my employer to re-evaluate my eligibility at any time. • Acknowledge I have the right to appeal this and any future eligibility determinations for SEBB benefits made by a SEBB Organization through the SEBB appeals process within 30 days (Chapter 182-32 WAC). • Understand the SEBB appeals process begins with requesting a review from my employer. For a complete explanation of the appeals process and appeal forms, visit the SEBB website at hca.wa.gov/about-hca/file-appeal-sebb 		
Employee Signature		Date
SEBB Organization Representative Signature	HCA code (i.e. 600E01)	Date