

## Your Benefits Eligibility Notice

### Eligibility Determination:

Your employee benefits eligibility determination and establishment was made in accordance with the Public Employee Benefits Board (PEBB) eligibility rules in WAC 182-12-114. Hours that are excluded in determining eligibility include standby hours and any temporary increases in work hours, of six months or less, caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern.

### Appeal Rights:

Per WAC 182-16, you have the right to appeal this and any future eligibility determination made by WWU through the PEBB appeals process which begins by requesting a review by WWU via the *Request for Benefits Eligibility Review Form*. For a complete explanation of the appeals process and the appeals forms visit the PEBB website: [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

### Returning From Layoff:

If returning from layoff status (including from another state agency/institution) within 24 months of your layoff date, you must notify HR/Benefits. If this notice is received by HR Benefits more than 30 days after the date in which you would have become eligible, WWU's contribution toward insurance coverage will begin the first day of the month after the notice is received.

### Public Employees' Retirement System (PERS) Notification of Retirement Ineligibility (Classified Only):

Your Public Employees' Retirement System (PERS) eligibility determination is based on your current position at WWU, subject to the standards for PERS. If this position is expected to work more than five months of at least 70 hours for two consecutive years, this position is eligible to participate in the PERS retirement system. Other circumstances may also make this position eligible.

### Potential for Benefits Eligibility (Faculty Only):

If you have worked an average of half-time or more in each of the two preceding academic years, you may qualify for uninterrupted employer sponsored benefits coverage by using two-year averaging.

In order to receive consideration for eligibility through two-year averaging, you must apply in writing by May 15<sup>th</sup> via the *Request for Benefits Eligibility Review Form* if you believe you are eligible under either of these conditions. If determined eligible for benefits and the completed form is received by Human Resources by May 15<sup>th</sup>, your benefits would begin July 1<sup>st</sup>. If this deadline is not met, you have the right to appeal or reapply for consideration by May 15<sup>th</sup> of the next academic year.

### Working as Faculty for More Than One Institution (Faculty Only):

Faculty may establish eligibility and maintain the employer contribution toward insurance by working as faculty for more than one institution of higher education. If you work as faculty for another higher education institution and wish to have it considered in your eligibility determination you must inform Human Resources by completing the "Faculty Stacking" section on the reverse side of this form.

**Please Continue On Reverse Side**

**Summer or Off-Quarter Coverage (Faculty Only):**

All benefits-eligible faculty (eligible under WAC 182-12-114(3)) who work an average of half-time or more throughout the entire instructional year or equivalent nine-month period and work each quarter/semester of the instructional year or equivalent nine-month period are eligible for the employer contribution toward summer or off-quarter/semester insurance coverage.

**Faculty Stacking Information:**

If you work as faculty for more than one institution of higher education and your combined appointments are at least half-time or greater, you may be eligible for health insurance. Please complete this table using your current Academic Year information:

Institution	Fall Qtr Appointment %	Winter Qtr Appointment %	Spring Qtr Appointment %	Summer Qtr Appointment %

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**I have read and understand my eligibility determination and rights and responsibilities as stated above.**

Name (PRINT): \_\_\_\_\_

ID#: W \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_