

Washington State Parks and Recreation Payroll Forms Information Sheet

Please review and save this information sheet for your reference.

Medical/Dental and/or Retirement Benefits Information

You will receive an email to the email address that was used to apply for your position and to the Park email address where you are currently working. The purpose of the email is to identify and confirm if you are eligible for Medical/Dental and/or Retirement Benefits. **If you do not receive this email within 2 weeks of your hiring date, please email Payroll@Parks.wa.gov.**

This email will include a Public Employees Benefits Board (PEBB) Eligibility Worksheet that determines health care benefit eligibility for all employees and **lists form due dates**. You are **required** to confirm receipt of the worksheet whether or not you are eligible for benefits. This worksheet does NOT enroll or waive coverage.

If you are eligible for health care, and the enrollment/change form is **not received** by the due date on the worksheet, you will automatically default to the Uniform Medical and Dental Plan with employee only coverage. You will default with a tobacco surcharge. This surcharge can be removed with a change form.

Unless you have a special open enrollment situation (see enrollment form for a list), you will not be able to change to a different plan, or enroll your dependents until the next open enrollment (which occurs in November of each year and becomes effective the first of the following year).

If you are eligible for benefits, the email you receive will have internet links to obtain the appropriate forms. If you are unable to access the Internet or do not receive an email within two (2) weeks of starting work, please email Payroll@parks.wa.gov.

Please contact Payroll for questions or assistance in completing the benefits forms listed.

**** The Information below **ONLY** applies to Benefit Eligible employees ****

Links provided below are for the forms that will be required for benefit eligible employees:

RETIREMENT ELIGIBLE LINKS:

Complete -- All Parks retirement eligible employees are required to complete this form: Beneficiary Designation form for PERS and PSERS – **Return directly to DRS:**
<http://www.drs.wa.gov/Forms/Member/beneficiaryDesignationForm.pdf>

Complete -- All PERS eligible members are required to complete and return this form to Payroll: Retirement Member Information Form (enrollment for PERS):
<http://www.drs.wa.gov/forms/member/memberInformationForm.pdf>

Full-time Rangers are automatically enrolled in PSERS and **DO NOT need to complete a retirement member information (enrollment) form.**

Informational Only -- DRS Retirement information for new members including DCP information:
<http://www.drs.wa.gov/retirement-planning/newmember.htm>

HEALTH CARE ELIGIBLE LINKS:

Medical/Dental information:
To view the medical/dental plans available to you in your county, you can go to

<http://www.hca.wa.gov/pebb>, under “Benefit highlights” click on “Medical benefits comparison”, select “Employee” and which state you live in. A drop down to “select a county” where you live will appear. Select the county you live in, click “Find”, and the medical/dental plans available will be listed.

All of the forms below can be obtained from the PEBB – FORMS website:

<http://www.hca.wa.gov/pebb/Pages/forms.aspx> *Be sure to use the current year’s forms*

Dental coverage, basic life insurance and basic LTD are provided at no cost to you, but the forms are required. To waive, or enroll in, coverage, you **must** complete and return three (3) forms. Keep a copy for yourself if you do not keep the original after sending to Payroll by scan/email, or fax.

Complete -- Medical/Dental Enrollment Form: Click on “Employee Enrollment/Change”

If you are eligible for health care, you **MUST** complete this form to avoid default coverage charges.

- If you enroll your immediate family members, you must provide Valid Dependent Verification

Documents: <http://www.hca.wa.gov/pebb/pages/dependent.aspx>

Complete -- Life and Accidental Death & Dismemberment (AD&D) Insurance.

Click on “**Life and AD&D Insurance Enrollment/Change**”

- **Complete sections 2, 6 and 7 on this form even if you do not choose optional coverage.**
- The “Type of request” in section 2 should be “new hire (newly eligible).”
- Sections 3, 4 and 5 are for additional optional coverage.
- This form includes the beneficiary designation in Section 6 that is required from all benefits eligible employees.

Complete -- Long Term Disability Form: Click on “Long-Term Disability Enrollment/Change”

- Complete this form even if you **do not** choose optional coverage.
- Complete only sections 1 & 2 if you do NOT want additional optional coverage.
- Complete only sections 1 & 3 if you DO want optional coverage.

Optional -- Flexible Spending Account (FSA) & Dependent Care Assistance Program (DCAP) Enrollment Form: Click on “All FSA/DCAP forms”

- These are optional, pre-tax benefits that you are eligible for if you are eligible for health insurance and do not select a Consumer-Directed Health Plan (CDHP).

Optional -- Health Savings Account (HSA):

- If you choose a Consumer-Directed Health Plan (CDHP), you will automatically have an HSA set up. Funds are deposited in this account at the end of each month.
- Click on “**Employee Authorization for Payroll Deduction to Health Savings Account**” to set up deductions from your paycheck to contribute to this account in addition to the monthly employer contribution. **Return form to Payroll.**
- Click on “**Health Savings Account Beneficiary Designation**” - **Return directly to Health Equity.**