

**WALLA WALLA COMMUNITY COLLEGE  
HEALTHCARE BENEFITS ENROLLMENT AND/OR  
ELIGIBILITY REQUEST FOR REVIEW  
ADMINISTRATIVE PROCEDURE 5410**

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**I. REQUEST FOR REVIEW OF ENROLLMENT OR ELIGIBILITY DECISION**

- A. Any employee or employee's dependent aggrieved by an *enrollment* or *eligibility* decision made by a Walla Walla Community College (WWCC) Human Resource (HR) representative may request a review of the decision by submitting a written request for review to the VP of HR as follows:
1. The [PEBB Employee Request for Review/Notice of Appeal](#) form must be used to submit any written request for review.
  2. The request must be received by the VP of HR within thirty (30) days of the date of the initial denial notice.
- B. Upon receiving the request for review, the VP of HR shall make a complete review of the initial denial.
1. As part of the review, the VP of HR may hold a formal meeting or hearing, however this is not required.
- C. The VP of HR shall render a written decision within thirty (30) days of receiving the request for review.
1. The [PEBB Employee Request for Review/Notice of Appeal](#) form must be used to provide the written decision and shall be sent to the employee requesting the review.
- D. A copy of the VP of HR's written decision shall be sent to the College President and to the PEBB Appeals Manager.
- E. The VP of HR's written decision shall become the College's final decision, effective fifteen (15) days after the date it is rendered.

**II. APPEAL OF REVIEW DECISION**

- A. Any employee or employee's dependent who disagrees with the VP of HR's written decision in response to a request for review, may appeal that written decision as follows:
1. Complete Section 7 of the [PEBB Employee Request for Review/Notice of Appeal](#) form, making sure to include all prior information submitted on the form (the initial review request and the subsequent decision).
  2. Submit the completed [PEBB Employee Request for Review/Notice of Appeal](#) form to the Health Care Authority, PEBB Appeals, P.O. Box 42699, Olympia, WA 98504-2699.
  3. The PEBB appeals manager must receive the notice of appeal within thirty (30) days of the date of the VP of HR's written decision on the request for review.

**Policy Contact:** VP of Human Resources

**Approved by (Department/Body):** Dr. Chad E. Hickox, President

**Date Originally Approved:** February 4, 2011

**Last Reviewed/Revised on:** August 3, 2022