



Oregon

Theodore R. Kulongoski, Governor

Oregon Educators Benefit Board

1225 Ferry Street, SE
Salem, Oregon 97301
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<http://oregon.gov/DAS/OEBB>

Division 60 Educational Entity Social Security Numbers Consent Form

In order to comply with the requirements of Division 60, we are asking that each Educational Entity read and sign this consent form acknowledging the way in which OEBB requests and uses Social Security Numbers. A link to Division 60 is provided below.

http://arcweb.sos.state.or.us/rules/OARS_100/OAR_111/111_060.html

OEBB requests you only transmit SSNs through document management and payroll interface links in MyOEBB to maintain confidentiality and security of this sensitive data.

Please read these statements and sign below:

I understand that OEBB requests Subscriber Social Security Numbers solely for the purpose of avoiding duplication and that SSNs are encrypted and masked in the MyOEBB system. SSNs are transmitted to carriers to assist carriers in meeting CMS federal requirements. This transmission is processed using a secure HIPAA 834 format.

I understand that the SSN requested for dependents is provided by the Subscriber when they enroll for benefits, and OEBB does not require this information for dependents to be enrolled.

By signing this form on behalf of my Educational Entity, I am acknowledging that we understand the above statements.

Authorized Signature _____ Date _____

Educational Entity name _____

Upon completion, please mail, fax or email this form to:

Oregon Educators Benefit Board
Attn.: Barbara Coffman
1225 Ferry Street SE
Salem, OR 97301

OEBB.benefits@state.or.us

Fax: (503) 378-5832

OEBB Office Use only:

Received: _____ Scanned: _____ Filed: _____