



MyOEBB Rules Selection Form

OEBB needs to set up rules specific to your entity in order for your employees to accurately enroll in benefits. OEBB needs to have this form completed and turned in to OEBB no later than **May 31, 2010**. If OEBB doesn't hear from your entity by May 31, 2010, OEBB will apply the OEBB OAR's as rules for your entity. Please note: your entity will be unable to change these rules until next plan year. **If you completed this form in the last two years (2008/2009), you do not need to complete a new form for 2010 unless your rules have changed.**

The six rules are as follows:

1. Does your entity allow coverage to include opposite sex domestic partners?
2. What is the age range your entity allows coverage of dependents? The age range starts at age 19 and can go up to age 26. **Up to age 26-Health Care Reform**
3. Does your entity need access to the Coverage Effective Start Date field or will benefits always start the first of the next month after date of hire or the first of the month after which the employee enrolls online? For example, you have an employee which starts on May 15, 2010, their benefits would start on June 1, 2010 if they enroll online by May 31, 2010 or benefits would start on July 1, 2010 if they enroll on June 2, 2010.
4. Has your entity offered a different rate structure for COBRA participants that don't follow the rate structure of your active employees prior to offering COBRA through OEBB?
5. Does your entity offer optional benefits to employees that do not qualify for healthcare benefits?
6. Has your entity charged a composite rate structure for Long-term Disability prior to offering Long-term Disability through OEBB?

Due Date for the Rules Selection Form

This Rules Selection Form must be received by OEBB no later than **May 31, 2010**.

Where do I send my Rules Selection Form?

Please *fax* your Rules Selection Form to the following contact:

Dawn Wrezinski, Benefits Analyst

Fax: (503) 378-5832

Or, *mail the original* to the following address:

Oregon Educators Benefit Board

1225 Ferry Street SE

Salem, OR 97301

Attn.: Dawn Wrezinski/Rules Selection Form

MyOEBS Rules Selection Form

Institution Number: _____

Entity Name: _____

If you need to attach additional documentation to this form please make sure your Institution Number and Entity Name are on each additional page.

1. Does your entity allow coverage to include opposite sex domestic partners? *(Please circle one selection.)*

Yes

No

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

2. What is the age range your entity allows coverage for overage dependents? The age range must start at age 19 and cannot go beyond age 26.

Starting Age _____

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

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3. Does your entity need access to the Coverage Effective Start Date field or will benefits always start the first of the next month after date of hire or the first of the month after which the employee enrolls online? For example, you have an employee which starts on May 15, 2010, their benefits would start on June 1, 2010 if they enroll online by May 31, 2010 or benefits would start on July 1, 2010 if they enroll on June 2, 2010. *(Please circle one selection.)*

Yes, we need access to the Coverage Effective Start Date

No, our Coverage Effective Start Date will follow the OEGB OAR's

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

4. Does your entity offer a different rate structure for COBRA plans than active plans? For example, your active group is offered a composite rate structure but COBRA participants are offered a tiered rate structure. *(Please circle one selection.)*

Yes No

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

5. Does your educational entity offer optional benefits (benefits offered by The Standard) to employees who do not qualify for healthcare benefits? OEGB would consider this an Optional Only Member Type. For example, your entity is required to offer all employees a \$5,000 Basic Life plan even though some employees do not work enough hours to qualify for medical, dental and vision benefit plans. *(Please circle one selection.)*

Yes No

6. Does your entity currently have a Long-term Disability composite rate structure for one or more employee groups?

Yes, our entity offers a current composite rate structure for LTD and would like to continue this rate structure. (If yes, please fill out info for employment/member type groups below)

No, our entity does not offer a composite rate structure for LTD or does not want to offer

	Employment Type	Member Type
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>

Entity Name:_____

Entity Institution Number:_____

District Official

Signature:_____

Printed Name:_____

Position:_____

Date Signed:_____

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