



Division 60 Educational Entity
**Social Security
Numbers Consent Form**

OEBB Use Only

Received: _____

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In order to comply with the requirements of Division 60, we are asking each Educational Entity to 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/pages/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 member Social Security Numbers (SSNs) for the purposes of avoiding duplication and assisting carriers in meeting federal CMS requirements. SSNs are encrypted and masked in the MyOEBB system. SSNs are transmitted to carriers using a secure HIPAA 5010 format.

I understand that SSNs requested for dependents are to be provided by the member when he or she enrolls in benefits. For dependents who meet certain age requirements, or are Medicare eligible, OEBB-contracted medical carriers may contact applicable members to collect SSNs in accordance with CMS specifications.

By signing this form on behalf of my Educational Entity, I am acknowledging that I have read and 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.: Benefits Department
1225 Ferry Street SE
Salem, OR 97301-4278
Fax: (503) 378-5832
OEBB.benefits@state.or.us