OREGON EDUCATORS
OEBB
BENEFIT BOARD

March 1, 2012

<<First Name>> <<Last Name>>
<<Address 1>>
<<Address 2>>
<<City, State, ZIP>>

Dear <<First Name>> <<Last Name>>:

As part of the OEBB 2012 Dependent Eligibility Verification Review and Audit process, we sent you a packet of information on January 13, 2012, requiring you to provide documentation that verifies the eligibility of the dependent(s) enrolled in your OEBB medical plan. Because you did not respond to the request, we sent you a reminder letter on February 3, 2012. You are receiving this letter because you have failed to respond to either of these requests.

This letter confirms the dependents who will be terminated from all OEBB benefit plans.

Name	Relationship
<<DEPENDENT NAME 1>>	<<RELATIONSHIP>>
<<DEPENDENT NAME 2>>	<<RELATIONSHIP>>
<<DEPENDENT NAME 3>>	<<RELATIONSHIP>>
<<DEPENDENT NAME 4>>	<<RELATIONSHIP>>
<<DEPENDENT NAME 5>>	<<RELATIONSHIP>>
<<DEPENDENT NAME 6>>	<<RELATIONSHIP>>
<<DEPENDENT NAME 7>>	<<RELATIONSHIP>>

These ineligible dependents will be removed from all OEBB benefit plans effective March 31, 2012. COBRA continuation information will be mailed to you. More information on COBRA and other insurance alternatives can be found on the OEBB website: **www.oregon.gov/OHA/OEBB/FAQ/COBRA.shtml**

Corrections

If you believe there is an error on this confirmation statement, please contact the Dependent Verification Center immediately at [PHONE] to correct your dependents' eligibility information.

We appreciate your cooperation with the dependent eligibility verification review and audit process.

Sincerely,

Dependent Verification Center