OREGON EDUCATORS OEBB BENEFIT BOARD

Certification of Dependent Eligibility Form

Instructions for Submitting Documentation

A random sample of 4,000 OEBB members are being asked to verify that all dependents enrolled in their OEBB medical plans meet OEBB's eligibility rules. To continue benefit coverage for your dependent(s), you must provide appropriate documentation to prove your dependents are eligible for coverage. **You may scan and upload documentation securely online at [URL], or to mail or fax copies of appropriate documents, please complete the form on the back of this page and follow these steps**:

> ***Have Internet Access?*** *You can scan and upload documents quickly and easily at [URL].*

1. **Verify dependents' eligibility**. The individual(s) shown on the back of this page are currently enrolled as your dependent(s) on your OEBB medical benefit plan. Review the enclosed *Dependent Eligibility Matrix* and mark on this form whether each individual is "Eligible" or "Ineligible."

2. **Make a *copy* of dependent eligibility documentation**. For each covered dependent, provide proof of eligibility for coverage by providing a ***copy*** of acceptable documents. Please refer to the enclosed *Dependent Eligibility Matrix* for eligibility definitions and acceptable documents for each dependent type. **Review the list carefully since more than one piece of documentation may be required**. Be sure not to send originals – your documents cannot be returned.

3. **Complete, sign and return this form with the required documentation.** Check the appropriate box that indicates you've enclosed a copy of the required documentation for each of your eligible dependents. Sign and date the form and return it along with your dependent verification documentation.

By Mail	**Or by secure Fax**
Use the enclosed postage-paid envelope postmarked on or before February 10, 2012.	[FAX] to be received on or before February 10, 2012

IMPORTANT NOTE: The purpose of this form is to verify those dependents who meet the definition of an eligible dependent and/or remove dependents who are no longer eligible for coverage. This process does not allow you to add eligible dependents or remove eligible dependents from OEBB benefit plans.

If you have a qualifying status change event and need to add an eligible dependent, or the relationship of the individual listed is incorrect (e.g., a child is listed as a spouse), please complete an OEBB "Midyear Change Form" (available online at www.oregon.gov/OHA/OEBB/forms.shtml) and submit it to your educational entity.

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Name: **Identification Number:**

Individuals Enrolled as Your Dependents

According to our records, the individual(s) shown in the table below are currently enrolled** as your dependent(s) under your OEBB medical plan. Based on the enclosed *Dependent Eligibility Matrix,* please check whether each individual is "Eligible" or "Ineligible" in the boxes provided ***and*** submit the required verification documents.

Name	Relationship	Date of Birth	Eligible	Ineligible*	Required Dependent Verification Documents Enclosed: Yes	Required Dependent Verification Documents Enclosed: No
<<Dependent Name 1>>	<<Relationship 1>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 2>>	<<Relationship 2>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 3>>	<<Relationship 3>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 4>>	<<Relationship 4>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 5>>	<<Relationship 5>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 6>>	<<Relationship 6>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 7>>	<<Relationship 7>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 8>>	<<Relationship 8>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 9>>	<<Relationship 9>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 10>>	<<Relationship 10>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 11>>	<<Relationship 11>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 12>>	<<Relationship 12>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 13>>	<<Relationship 13>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 14>>	<<Relationship 14>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 15>>	<<Relationship 15>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 16>>	<<Relationship 16>>	<<DOB>>	☐	☐	☐	☐
<<Dependent Name 17>>	<<Relationship 17>>	<<DOB>>	☐	☐	☐	☐

***Dependents you mark as "Ineligible" will be terminated from all OEBB benefit plans effective on or before March 31, 2012.** COBRA continuation information will be mailed to you indicating the exact date coverage ends and COBRA eligibility begins. More information on COBRA and other insurance alternatives can be found on the OEBB website: **www.oregon.gov/OHA/OEBB/FAQ/COBRA.shtml**

I understand that by signing below I am confirming that the dependents I have identified as "Eligible" above meet the eligibility requirements defined in the enclosed *Dependent Eligibility Matrix* and are eligible to receive benefits, as my dependents, under the OEBB benefit plans. I understand that submitting false information may lead to disciplinary action up to and including termination. **I understand that those dependents I have identified as "ineligible" will be terminated from all OEBB benefit plans on or before March 31, 2012.**

Employee Signature Date

A confirmation statement or request for additional information, if needed, will be mailed to your home within 7 to 10 days of processing all of your dependents.

**The data used for this process was pulled from the MyOEBB system on December 1, 2011. Enrollment changes occurring after this date are not reflected. All dependents listed on this page, and only the dependents listed on this page, require verification. For additional information, see the enclosed *Frequently Asked Questions and Answers (FAQs).*