OREGON EDUCATORS
OEBB
BENEFIT BOARD

[DATE]

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

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

This letter confirms the dependents you have indicated as either eligible or ineligible for OEBB benefit plans during our recent dependent eligibility verification review and audit process.

Our records indicate that you have verified the eligibility status of the dependent(s) listed below for coverage under the OEBB benefit plans as follows:

Name	Relationship	Eligibility Status
<<Dependent 1>>	<<Relationship 1>>	<<Eligibility Status>>
<<Dependent 2>>	<<Relationship 2>>	<<Eligibility Status>>
<<Dependent 3>>	<<Relationship 3>>	<<Eligibility Status>>
<<Dependent 4>>	<<Relationship 4>>	<<Eligibility Status>>
<<Dependent 5>>	<<Relationship 5>>	<<Eligibility Status>>
<<Dependent 6>>	<<Relationship 6>>	<<Eligibility Status>>
<<Dependent 7>>	<<Relationship 7>>	<<Eligibility Status>>

Any dependents listed as **ineligible** above will be automatically removed 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

Corrections

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

Thank you for your cooperation and assistance during the dependent eligibility verification process.

Sincerely,

Dependent Verification Center