

Entity Resources page: <http://www.oregon.gov/oha/OEBB/entity/Pages/eeResources.aspx>

Click on or scroll down to "Self-Pay Early Retiree Administration Toolkit"

http://www.oregon.gov/oha/OEBB/entity/Pages/eeResources.aspx#Self-Pay_Early_Retiree_Administration_Toolkit

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Photo: Gary Halvorson

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Search
About Us
Contact Us

OEBC Member Home
Educational Entity Home
Entity FAQs
Entity Forms & Reports
Entity Resources
MyOEBC Admin Module

Educational Entity Resources

[Forms](#)
[Guides and Instructions](#)
[2013 Insurance Committee Meetings](#)
[Self-Pay Early Retiree Administration Toolkit](#)
[2012-13 Benefits: Quick Links](#)
[Imputed Values](#)
[Webinars](#)
[Wellness Resources](#)
[Questions and Member Resources](#)

Forms

- [Educational Entity Forms](#)
- [Member Forms](#)

▲ Back to the top

Self-Pay Early Retiree Administration Toolkit

Use these documents when you want OEBB to take over benefit administration for some or all of your self-pay early retirees.

[100% Self-Pay Early Retiree Agreement](#)

Complete this agreement and submit it to OEBB to request this optional service. Once OEBB has confirmed the effective date, use the documents below to communicate this change to your affected retirees. Detailed instructions are in the agreement.

Retiree Notification Packet

Once OEBB has confirmed the effective date, send a notification packet to your affected retirees. Include a cover letter from your entity (samples provided below) as well as the appropriate OEBB documents. Refer to the "100% Self-Pay Early Retiree Agreement" for detailed instructions.

[Sample Letters from Entity to Retiree](#)

[Sample Cover Letter #1 \(HSD\)](#)

[Sample Cover Letter #2 \(CSD\)](#)

[OEBB Welcome Letter for "Self-Pay to Self-Pay"](#)

(do not include Enrollment Form)

or

[OEBB Welcome Letter for "Active to Self-Pay" and "Stipend/Contribution to Self-Pay"](#)

(include [Enrollment Form](#))

[Self-Pay Early Retiree ACH Debit Form](#)

[Self-Pay Early Retiree Q&A](#)

As always, if you have any questions about this process, feel free to call OEBB at 888-469-6322.



Back to the top

1225 Ferry St SE, Suite B
Salem OR 97301
Phone 888-469-6322
FAX 503-378-5832

100% Self-Pay Early Retiree Agreement

Our educational entity would like to enter into an agreement with OEBB whereby OEBB will fully manage benefit administration of our 100% Self-Pay Early Retirees. We understand and agree to the following (*please initial each bullet*):

- We will start communication to our 100% Self-Pay Early Retirees when we have received written confirmation from OEBB about when our members will transition over to OEBB. Our written communications from OEBB will contain a start date of when our members will transition to OEBB. We will include the OEBB Welcome Letter, OEBB ACH Form, Self-Pay Q & A and OEBB Self-Pay Enrollment Form (if applicable) in each mailing.
- We understand this administrative service is only for 100% Self-Pay Early Retirees. If the entity pays any portion of the benefits provided to early retirees, including Basic Life or AD&D, the entity will continue to administer their benefits.
- We understand OEBB is offering this option to entities, and it is not requiring our entity to use this service. We are electing to use the service provided by OEBB and will communicate this to our membership.
- We understand we have the ability to transition only certain 100% Self-Pay Early Retirees over to OEBB for administration. We can transition all 100% Self-Pay Early Retirees or retain some 100% Self-Pay Early Retirees due to special circumstances.
- All 100% Self-Pay Early Retirees transferred to OEBB will be managed by OEBB. This includes premium collection, QSCs, enrollments and terminations. Once a 100% Self-Pay Early Retiree is moved to OEBB for administration they cannot return to the educational entity for benefit administration in MyOEBB and we will no longer be able to view their records in MyOEBB.
- We understand there is a Toolkit available on the OEBB website which will assist us in communicating this change to our members. I can access this information at:
<http://www.oregon.gov/oha/OEBB/entity/Pages/eeResources.aspx>
- 100% Self-Pay Early Retirees transferred to OEBB will be subject to OAR Division 65, OEBB Administration of Early Retiree Groups
http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_065.html

How many 100% Self-Pay Early Retirees will your educational entity transfer to OEGB at this time?

_____ (enter number here)

— I have deposited a list of these employees in my educational entity's Document Management area of MyOEGB.

Based on the timeline below, select the month you are requesting to transfer administration of the 100% self-pay early retirees to OEGB by circling the requested row. A more detailed version is available on page 4 showing dates for specific processes.

Agreement Submitted to OEGB by Educational Entity	Benefits begin with OEGB for 100% Self-Pay Early Retiree
January	April 1 st
February	May 1 st
March	June 1 st
April	July 1 st
May	August 1 st
June	November 1 st *
July	November 1 st *
August	November 1 st
September	December 1 st
October	January 1 st
November	February 1 st
December	March 1 st

Educational Entity Name

Educational Entity Administrator (*Please sign your name*)

Date

OEGB Use Only

Date Received:	Approved by:
Timeframe Option Approved:	Date Communicated:

Three Types of 100% Self-Pay Early Retirees

There are three types of 100% Self-Pay Early Retirees:

1. Those Early Retirees at my educational entity that are already paying 100% of the premiums. We'll call these ***"Self-Pay to Self-Pay"***.
2. Newly retiring Active Employees which will start off retirement at 100% Self-Pay for premiums. We'll call these ***"Active to Self-Pay"***.
3. Early Retirees that receive a stipend or contribution through an educational entity, but the stipend or contribution is ending. We'll call these ***"Stipend/Contribution to Self-Pay"***.

At the time these 100% Self-Pay Early Retirees transfer to OEGB for administration they may be eligible for a QSC event due to loss of stipend or contribution. The ***"Stipend/Contribution to Self-Pay"*** and ***"Active to Self-Pay"*** may be eligible to make the following changes:

- Medical plans –
 - Change to a less expensive plan.
 - Cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).
- Dental plans –
 - Cancel coverage.
 - Cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).
- Vision plans –
 - Cancel coverage.
 - Cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).

NOTE: The ***"Self-Pay to Self-Pay"*** will only be able to continue enrollment in the same plans as they are currently on through OEGB, but will be able to make changes allowed to Early Retirees during open enrollment.

Three Types of 100% Self-Pay Early Retiree QSCs

There are three types of QSCs to process the transfer of 100% Self-Pay Early Retirees to OEGB. Failure to use the correct QSC may cause a delay in 100% Self-Pay Early Retirees receiving benefits at the designated start date. Additionally, an educational entity can only do prospective coverage terminations with the below QSCs (no retro coverage terminations are permitted). Lastly, the prospective termination must follow the timeline below to ensure proper processing time for OEGB and your members.

1. "Active to OEGB Administration Early Retiree" – This QSC is used only for your Active employees transferring to OEGB for 100% Self-Pay Early Retiree administration.
2. "Fully Self-Paid Early Retiree to OEGB Administration Early Retiree" – This QSC is used only for your current Early Retirees which already fully pay 100% of their premium moving to OEGB for 100% Self-Pay Early Retiree administration.

3. "Loses Stipend/Contribution Early Retiree to OEBA Administration Early Retiree" – This QSC is used only for your current Early Retirees who have an entity stipend or contribution, but are losing that funding and moving to OEBA for 100% Self-Pay Early Retiree administration.

The only QSC above that will also be eligible for COBRA (if desired by the member) will be "Active to OEBA Administration Early Retiree."

Timeline for Transfer of 100% Self-Pay Early Retirees

Educational entities wishing to enter into this Agreement agree to the following implementation timelines and will take responsibility to communicate the upcoming transition to their 100% Self-Pay Early Retirees as set forth below:

Agreement Submitted to OEBB by Educational Entity	Educational Entity Communicates Change to 100% Self-Pay Early Retiree	Date by when Entity needs to processes terms for 100% Self-Pay Early Retiree to move to OEBB	Coverage End Date for 100% Self-Pay Early Retiree at Educational Entity	Enrollment and ACH Form due to OEBB from 100% Self-Pay Early Retiree	First ACH Payment due to OEBB from 100% Self-Pay Early Retiree	Benefits begin with OEBB for 100% Self-Pay Early Retiree
January	January	January 31 st	March 31 st	February 28 th	April 2 nd	April 1 st
February	February	February 28 th	April 30 th	March 31 st	May 2 nd	May 1 st
March	March	March 31 st	May 31 st	April 30 th	June 2 nd	June 1 st
April	April	April 30 th	June 30 th	May 31 st	July 2 nd	July 1 st
May	May	May 31 st	July 31 st	June 30 th	August 2 nd	August 1 st
June	June	June 30 th	October 31 st	September 30 th	November 2 nd	November 1 st *
July	July	July 31 st	October 31 st *	September 30 th	November 2 nd	November 1 st *
August	August	August 31 st	October 31 st	September 30 th	November 2 nd	November 1 st
September	September	September 30 th	November 30 th	October 31 st	December 2 nd	December 1 st
October	October	October 31 st	December 31 st	November 30 th	January 2 nd	January 1 st
November	November	November 30 th	January 31 st	December 31 st	February 2 nd	February 1 st
December	December	December 31 st	February 28 th	January 31 st	March 2 nd	March 1 st

*Please note that OEBB will not take on administration of 100% Self-Pay Early Retirees from new entities for a September 1 or October 1 coverage effective date due to the start of a new plan year. This enrollment will start on November 1st.

To better explain the above timeline let's look at the first row starting with January. The educational entity would submit this form to OEBB during the month of January. Also, at this time, the educational entity would be sending a communication out to all the 100% Self-Pay Early Retirees that the entity is transferring to OEBB to administer benefits, informing them of the upcoming change. This communication will include the OEBB Welcome Letter, OEBB ACH Form and OEBB Self-Pay Enrollment Form (if applicable) giving members until February 28th to submit all paperwork to OEBB. Additionally, during the month of January, but no later than January 31st, the educational entity will term the 100% Self-Pay Early Retiree benefits and employment using one of the three QSCs discussed above. They would end coverage for the 100% Self-Pay Early Retiree on March 31st. Please don't forget the Termination Approval Page process to push the member to OEBB for administration. Once received timely by OEBB, an ACH payment process will be set up and pre-noted by OEBB staff. The first ACH payment will be taken from the member's account on April 2nd for benefits beginning April 1st. Failure to return forms to OEBB in a timely manner by the member may cause a delay in benefits or a cancellation of benefits.

Hillsboro School District

BUSINESS OFFICE



3083 NE 49TH PL., #104
HILLSBORO, OR 97124-6009
TEL: 503-844-1500
FAX: 503-844-1551
WEB: www.hsd.k12.or.us

March 21, 2013

«AddressBlock»

«GreetingLine»

The payment administrator for your retiree benefits is changing for your April 1, 2013 premium. The Oregon Educator Benefits Board (OEBB) has adopted a proposal to administer billing and payment collection of early retiree benefits and the District is excited to participate in this program. OEBB is providing this service without a fee providing a savings to our retirees.

What this means for you:

- Direct automatic account withdrawal payment to OEBB
- No monthly service fee
- Open Enrollment assistance through HSD benefits office or <https://myoebb.org/oebb/lpb.main>
- Questions, help, direct access for benefits and account information through OEBB and the HSD Benefits Office
- Qualified Status Changes administered by OEBB

The last payment to BenefitHelp Solutions will be for your March, 2013, benefits with the April, 2013, payment to OEBB. Payments to OEBB will be through automatic account withdrawal only. **Your current plan selections will not change.**


What you need to do:

- Read the enclosed welcome letter from OEBB
- Fill-out the enclosed ACH Debit Authorization form, sign, attach a voided check,
- and **mail by February 28, 2013**, to: **OEBB, 1225 Ferry St. SE, Salem, OR 97301**
- Contact BenefitHelp Solutions to verify March premium will be last payment

If the ACH Debit Authorization form is not received by OEBB your benefits will only continue through March 31, 2013.

If you have any questions or concerns, please contact the Benefits Office at (503) 844-1518 or hsdbenefits@hsd.k12.or.us.

Sincerely,


Lori Newsome
Employee Benefits Supervisor

Enclosures: OEBB Welcome Letter and ACH Debit Authorization Form

c: Benefits



HUMAN RESOURCES
1610 MONMOUTH STREET
INDEPENDENCE, OR 97351

RICH MCFARLAND: (503) 606-2207
CARMEN CARVER: (503) 606-2253
ORALIA OJEDA: (503) 606-2201
FAX: (503) 606-2333
WWW.CENTRAL.K12.OR.US

February 7, 2013

Dear Retiree:

I hope all is going well with you and your families. It's hard to believe we are half-way through this school year and already having discussions about what changes we'll see for 2013-2014. However, not all changes will be next year which is why I'm writing to you today.

The Oregon Educators Benefit Board (OEBB) and I are working on transitioning your insurance payments to go directly to OEBB. Effective with your February payment, for your March premiums, you will be paying OEBB directly. Several of you have expressed interest in having your payments directly debited from your accounts and with this change you will be able to set that up.

What do you have to do?

1. Cancel your automatic bill pay through your financial institution.
2. Read the materials enclosed from OEBB.
3. Complete the ACH form enclosed and return it to OEBB as directed. This will debit your account each month on the 25th for your premium amount.

What about open enrollment and premium changes?

You will no longer receive communication from me during open enrollment. OEBB will be sending you information about the plans available to you during open enrollment and the rate information for you to plan accordingly. *Please pay close attention each year that the plan you are on for the current benefit year will be offered for the next year!*

Why are we changing?

The District is strictly a middle man for your insurance payment. We receive a bill from OEBB and we pay the premium from the checks you write to us. This will eliminate billing from OEBB to the District, the District cashing your checks and then turning around and paying OEBB on your behalf. This is a more efficient process. Plus, you'll now have the automatic payment withdrawal option you've asked for.

Are my benefits changing, including deductibles and co-pays?

No, there is no change to your benefits at this time. The only change is where your payment is being processed.

I am confident this will be a smooth transition and will work with you and OEBB to ensure there is no interruption in your benefits. I have enjoyed the past six years working with each and every one of you. Just because I'm not collecting your payment doesn't mean you can't call me with any questions or concerns, (503) 606-2253.

All my best,

Carmen Carver
Human Resources Coordinator

Enclosures

SAMPLE



HEALTH CARE PROGRAMS
Oregon Educators Benefit Board

John A. Kitzhaber, MD, Governor



[Current Date]

[FIRST] [LAST]

[ADDRESS]

[CITY], [STATE] [ZIP]

1225 Ferry Street SE, Suite B
Salem, OR 97301-4281
Toll-free (Benefits) 888-469-6322
E-mail: oebb.benefits@state.or.us

To: Early Retirees currently enrolled in an Oregon Educators Benefit Board Insurance Plan

Subject: Benefits administration shift from your educational entity to Oregon Educators Benefit Board

Your educational entity has chosen the option to have Oregon Educators Benefit Board (OEBB) administer the monthly premium payments for and administration of your early retiree group benefits. You have been identified as a member who is currently enrolled in a group health plan offered by your educational entity through OEBB.

What does this mean for you? You will no longer make your monthly premium payments directly to your educational entity, or to a third party administrator if your educational entity contracted with another organization to administer your retiree group. You will now be making your monthly premium payments directly to OEBB, thus eliminating the extra time and cost to the educational entity.

How to begin? OEBB is requesting all Early Retirees submit payment by Direct Debit Payments (ACH Debit). ACH Debit is free and a no-hassle way to pay your monthly insurance premiums. Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2nd of each month. If the 2nd falls on a weekend or a holiday, funds will be withdrawn on the next business day. For example; if the 2nd is on a Saturday or Sunday, funds will be withdrawn on the Monday after the 2nd.

OEBB needs to have at least 15 days to get your banking information set up and submit a zero dollar pre-note to your bank. A pre-note ensures OEBB has established a clear communication with your Financial Institution.

Included in this packet is an Automatic Debit Authorization form. Please complete this form, send a voided check along with the form and return it to OEBB **within two weeks of the date on this letter**. Please be sure to include your email address on your form. This is how your new Monthly Billing Statement will be delivered to you. If you do not have an email account, complete as "none" and your Monthly Billing Statement will be mailed to you.

(over)

Please review the OAR rules for Division 65 (posted on our website) which outline OEGB's administrative rules for Early Retiree groups:

<http://oregon.gov/OHA/OEGB/administrativerules.shtml>

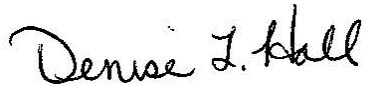
What happens if I do not return my ACH Debit Form? Failure to return the ACH Debit Form in a timely manner will cause you and your dependents to lose OEGB benefits. Your OEGB benefits will end as of **XX/XX/20XX** if this form is not returned along with the requested information.

Contacting OEGB for Assistance? If you need assistance with completion of the form, or have any payment or benefit-related questions, contact the OEGB member services team by calling 888-4My-OEGB (888-469-6322), email OEGB at oebb.benefits@state.or.us, or fax us at 503-378-5832. You can also contact OEGB by USPS mail at:

**Oregon Educators Benefit Board
1225 Ferry Street SE, Suite B
Salem, OR 97301-4278**

OEGB looks forward to being able to support you as you continue your OEGB benefits as an early retiree of one of the many participating educational entities.

Sincerely,

A handwritten signature in black ink that reads "Denise L. Hall". The signature is written in a cursive, flowing style.

Denise L. Hall
OEGB Deputy Administrator



HEALTH CARE PROGRAMS
Oregon Educators Benefit Board

John A. Kitzhaber, MD, Governor



[Current Date]

[FIRST] [LAST]
[ADDRESS]
[CITY], [STATE] [ZIP]

1225 Ferry Street SE, Suite B
Salem, OR 97301-4281
Toll-free (Benefits) 888-469-6322
E-mail: oebb.benefits@state.or.us

To: Early Retirees currently enrolled in an Oregon Educators Benefit Board Insurance Plan

Subject: Benefits administration shift from your educational entity to Oregon Educators Benefit Board

Your educational entity has chosen the option to have Oregon Educators Benefit Board (OEBB) administer the monthly premium payments and benefits administration for your early retiree group. You have been identified as a member who is currently enrolled in a group health plan offered by your educational entity through OEBB.

What does this mean for you? You will no longer make your monthly premium payments directly to your educational entity, or to a third party administrator, if your educational entity contracted with another organization to administer your employee group. You will now be making your monthly premium payments directly to OEBB, thus eliminating the extra time and cost to the educational entity.

How to begin? Included in this packet you will see an Early Retiree Enrollment form. This form needs to be completed and mailed or faxed back to OEBB. In section 1 of this form you will see three different categories of Early Retirees.

- *Stipend Early Retiree to OEBB Administration Early Retiree* – check this box if you are currently enrolled as an Early Retiree, and your educational entity contributes an amount towards your monthly premium, but will be discontinuing their stipend or contribution, leaving the total premium cost to you.
- *Active to OEBB Administration Early Retiree* – check this box if you are currently an Active employee at your educational entity but are moving over to a fully self-paid Early Retiree status.

Continue completing the rest of the enrollment form if you are a Stipend Early Retiree to OEBB Administration Early Retiree or an Active to OEBB Administration Early Retiree. Please be sure to include your email address on your enrollment form. This is how your new Monthly Billing Statement will be delivered to you. If you do not have an email account, complete as “none” and your Monthly Billing Statement will be mailed to you.

OEBB is requesting all Early Retirees submit payment by Direct Debit Payments (ACH Debit). ACH Debit is free and a no-hassle way to pay your monthly insurance premiums. Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2nd of each month. If the 2nd lands on a weekend or a holiday, funds will be withdrawn on the next business day. For example; if the 2nd is on a Saturday or Sunday, funds will be withdrawn on the Monday after the 2nd. OEBB requires 15 days to get your banking information set up and submit a zero dollar pre-note to your bank. A pre-note ensures OEBB has established a clear communication with your Financial Institution. Included in this packet is an Automatic Debit Authorization form. Please complete this form, send a voided check along with the form and return it to OEBB **within two weeks of the date on this letter**.

Please review the OAR rules for Division 65 (posted on our website) which outline our administrative guidelines for Early Retiree groups:

<http://oregon.gov/OHA/OEBB/administrativerules.shtml>

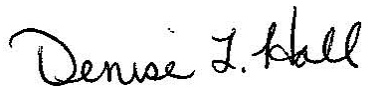
What happens if I do not return my Early Retiree Enrollment and ACH Debit Forms? Your educational entity has terminated your benefits with an effective date of **XX/XX/20XX**. Failure to return the requested forms in a timely manner will cause you and your dependents to lose OEBB benefits.

Contacting OEBB for Assistance? If you need assistance with completion of your forms or have any payment or benefit-related questions, contact the OEBB member services team by calling 888-4My-OEBB (888-469-6322), email OEBB at oebb.benefits@state.or.us or fax us at 503-378-5832. You can contact OEBB by mail at:


**Oregon Educators Benefit Board
1225 Ferry Street SE, Suite B
Salem, OR 97301-4278**

OEBB looks forward to being able to support you as you continue your OEBB benefits as an early retiree of one of the many participating educational entities.

Sincerely,



Denise L. Hall
OEBB Deputy Administrator

<div data-bbox="159 97 464 120">  </div> <div data-bbox="550 97 1236 120"> <h1 data-bbox="665 102 1123 118">Early Retiree Enrollment Form</h1> <p data-bbox="550 113 1236 120">Use this form to update your benefits within 31 days of experiencing one of the status changes listed below.</p> </div>	<div data-bbox="1541 97 1761 107">OEBB Use Only</div> <div data-bbox="1304 108 1990 116"> Approved by _____ Date _____ </div> <div data-bbox="1304 120 1990 128"> Effective Date _____ </div>
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1. What type of Early Retiree are you?

TYPE A		TYPE B	
<input type="checkbox"/>	Active Employee becoming Self-Pay Early Retiree (no employer contribution/stipend)	<input type="checkbox"/>	Early Retiree with Employer Contribution/Stipend becoming Self-Pay Early Retiree (no employer contribution/stipend)

2. What would you like to do?

<input type="checkbox"/> No changes - keep all current enrollments	<input type="checkbox"/> Cancel one or more OEBC benefit plans	<input type="checkbox"/> Change my current medical plan to a lesser plan	<input type="checkbox"/> Remove one or more dependents (must complete Sections 4 & 5)
--	--	--	--

3. Employee Information

3. Employee Information		Educational Entity		E Number		
Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Refused <input type="checkbox"/> Unknown						
Race (select one or more, circle one as primary): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Unknown						
Mailing Address <input type="checkbox"/> Check if New Address		Apt #		City	State Zip	
Home Phone	Work Phone		Email			

4. Cancel Dependent Coverage

If you do not wish to cancel any dependent coverage, you may skip this section. Only list dependents below if you wish to cancel their coverage.

Attach separate sheet if necessary.

Relationship Codes ("Rel. Code" below – Please indicate one per dependent.)

SP=Spouse, **CH**=Employee and/or Spouse's child, **DD**=Disabled Dependent, **DP**=Domestic Partner, **DP CH**=Domestic Partner's Child

Ethnicity Codes (Please indicate one per dependent below.)

1=Hispanic, **2**=Non-Hispanic/Non-Latino, **3**=Refused, **4**=Unknown

Race Codes (Please indicate one or more per dependent below. If more than one, please indicate one primary race in the next column.)

1=Asian, **2**=Black/African American, **3**=American Indian/Alaskan Native, **4**=Native Hawaiian/Other Pacific Islander,

5=White, **6**=Other, **7**=Refused, **8**=Unknown

Due to Federal Health Care Reform, OEBB is requesting Ethnicity, Race and Primary Race information for all members and dependents. Please indicate one ethnicity code for each dependent and at least one race code for each dependent. If indicating more than one race code for a dependent, please also indicate in the next column which one of those race codes is the dependent's primary race.

Last Name	First Name	M.I.	Birth Date (mm/dd/yyyy)	Rel. Code	Gender		Ethnicity Code	Race Code(s)	Primary Race	Cancel Coverage		
					M	F				Med	Den	Vision
					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You must report to OEBB within 31 days after a person enrolled as your spouse, domestic partner or dependent child dependent becomes ineligible for benefits. If you make this report on time, the change will be effective the first of the month after your report. If you do not report this change on time, OEBB may consider your omission an intentional misrepresentation of a material fact, for which OEBB may terminate the dependent's coverage effective the first of the month after eligibility was lost.

5. Did you terminate coverage for a spouse, domestic partner or dependent?

If yes, federal law requires you to supply the name and address for each dependent losing coverage so that they may be notified of their COBRA continuation rights.

<input type="checkbox"/> Yes, I removed a dependent (provide dependent information below)					<input type="checkbox"/> No, I didn't remove a dependent				
Name	Address			City	State		Zip		

6. Medical, Dental, or Vision Plan Changes If you do not wish to change any health plan selections, you may skip this section.

Change to Lesser Medical Plan:

You may not change to a greater plan and you may not cancel medical coverage.
You may keep your current plan by leaving this blank or change to a lesser plan.

Change to this lesser medical plan: _____

Cancel Dental Plan:

You may not change to a different dental plan. You may keep your current plan by leaving this blank or check the box to cancel dental coverage.

☐ Cancel Dental

Cancel Vision Plan:

You may not change to a different vision plan. You may keep your current plan by leaving this blank or check the box to cancel vision coverage.

☐ Cancel Vision

7. Cancel Optional Insurance If you do not wish to cancel any optional coverage, you may skip this section.

Your benefit choices in this section depend on your Educational Entity. Things to consider:

1. Your entity may automatically enroll you in a coverage amount for basic life insurance and/or basic AD&D.
2. Your entity determines which optional benefits it will offer and may not offer all the benefits on this form.
3. You may not enroll in Optional Plans or change your coverage amounts at this time, you may only cancel coverage. You must be enrolled in Optional Employee Life in order to be enrolled in Optional Spouse or Domestic Partner Optional Life or Child Life.

Contact your educational entity for coverage information and to find out which benefits are available to you.

Employee Optional Life Insurance

☐ Cancel Coverage

Spouse or Domestic Partner Optional Life Insurance

☐ Cancel Coverage

Child or Children Optional Life Insurance

☐ Cancel Coverage

Employee Optional Accidental Death and Dismemberment (AD&D)

☐ Cancel Coverage

Spouse or Domestic Partner Optional Accidental Death and Dismemberment (AD&D)

☐ Cancel Coverage

Child Optional Accidental Death and Dismemberment (AD&D)

☐ Cancel Coverage

8. Other Group Coverage

If you are covered by another group medical plan, complete this section and provide proof of other group coverage to OEBC within five business days.

<input type="checkbox"/> I do not have other group medical coverage. <i>Skip to next section.</i>	Carrier	Policy Number	Group Number
<input type="checkbox"/> I do have other group medical coverage. <i>Complete this section.</i>	Principal Enrollee in Other Group Plan	Employer	Effective Date

9. Medicare Eligibility

Attach a separate sheet if necessary. The following individuals are eligible for Medicare due to age or disability:

<input type="checkbox"/> No one listed on this form is eligible for Medicare.	<input type="checkbox"/> Self*	<input type="checkbox"/> My Spouse* or Domestic Partner* Name: _____ SSN/HICN: _____	<input type="checkbox"/> A Dependent Child Name: _____ SSN/HICN: _____
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***NOTE: All Early Retirees and Spouses/Domestic Partners of Early Retirees lose eligibility for OEBB plans on the day they become eligible for Medicare due to age or disability. Notify OEBB immediately if you or your spouse/domestic partner is eligible for Medicare.**

10. Beneficiary Designation

Total of primary percentages must = 100%.

Total of contingent percentages must = 100%.

I elect: ☐ The [Standard Order of Survivorship](#) (no beneficiary listed)
☐ To designate the following as beneficiary (attach additional sheets if necessary)

Name	Address	Relationship	Primary	Contingent	Whole %
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%

11. Employee Signature and Authorization

I declare the dependents listed above and I am eligible for the coverages requested per OEBB Administrative Rule (OAR)-Division 10. I have read and understand OAR-Division 10 concerning Definitions and can find this OAR at http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_010.html

I have read and understand OAR-Division 80, Sections 111-080-0040, 111-080-0045 and 111-080-0050 concerning Eligibility and Policy Term Violations and can find this OAR at http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_080.html

I understand I have 31 days to notify my employer of a Qualified Status Change (QSC) which affects eligibility. I have read and understand OAR-Division 40 concerning Enrollment and can find this OAR at http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_040.html

I understand the benefit elections I make are in effect for as long as I continue to meet OEBB's eligibility requirements, or until I elect to change them subject to the provisions of OEBB's plan. I understand I cannot alter my plan selections during the plan year unless I have a QSC; then I am subject to the restrictions of the OEBB QSC's. I have reviewed and understand the Qualified Status Change (QSC) Matrix and can find the matrix at www.oregon.gov/OHA/OEBB/docs/QSCMatrix.pdf

I have read the benefit materials and I understand the limitations and qualifications of the OEBB benefits program. If necessary, I authorize premium payments deducted from my pay, unless I self pay premiums. If I self-pay the premiums, I agree to submit monthly payments by the date specified, or my coverage will terminate; I will not be able to reinstate coverage until the next open enrollment period or may lose OEBB eligibility altogether.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages.

This election supersedes all elections and submissions I previously made for OEBB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

Employee Signature

Date

Send this completed form to:
OEBB, 1225 Ferry St SE, Suite B
Salem, OR 97301-4278



ACH Debit Authorization

Early Retiree

OEBB Use Only

Approved by _____ Date _____

Effective Date _____

Use this form to authorize OEBB to withdraw premiums from your bank account each month. This authorization will remain in effect until revoked in writing, or until superseded by another form submitted at a later date. If your banking information changes, submit another form with your new account information to maintain timely premium payments. Should your premium amount change, the amount withdrawn will change accordingly without need for a new authorization. See the second page for more information on ACH debit authorizations.

1. Member Information

E Number

Last Name	First Name	MI	Date of Birth	
Contact Address	Apt #	City	State	Zip
E-mail	Work Phone (if applicable)		Home Phone	

2. Account Information

Type of Account:
☐ Checking ☐ Savings

Is this a personal or business account?
☐ Personal Account ☐ Business Account

Financial Institution Name	Account Holder Name
Financial Institution's Mailing Address	City State Zip
Attach a voided check to this form and complete the section below.	

Nine-Digit Routing Transit Number

Account Number (include spaces, zeros & dashes)

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3. Account Authorization

I hereby authorize the Oregon Educators Benefit Board to withdraw funds only from the above account at the financial institution indicated. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Oregon and U.S. law.

Signature of Account Holder

Date

How to Revoke your Authorization

This authorization is to remain in full force and effect until the Oregon Educators Benefit Board has **received written notification** from me of its termination in such time and such manner as to afford OEBB and my financial institution a reasonable opportunity to act on it.

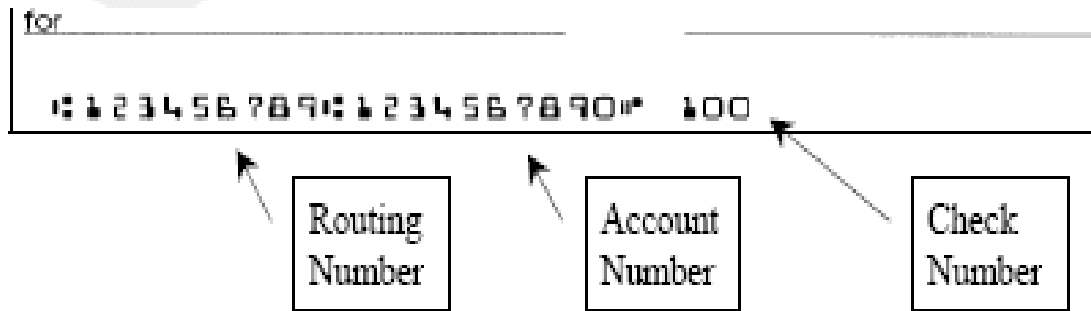
International ACH Determination (More information is provided on the next page.)

☐ I have payment instructions in place with a non-US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this recurring debit transaction.

Send form and voided check to OEBB:	1225 Ferry Street SE, Suite B Salem, OR 97301-4278	Financial Services Ph: 888-469-6322, Fax: 503-378-5832
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Answers to Your Questions on ACH Debits

Where can I find my routing transit and account numbers on my check?



What is an ACH debit authorization?

The "ACH" stands for Automated Clearing House. ACH is an electronic payment network used by individuals, businesses, financial institutions and government organizations. Electronic ACH payments provide more efficient cash management capabilities and lower costs than traditional paper payments.

What am I authorizing OEGB to do?

By completing and signing this ACH Debit Authorization form, you give consent to the Oregon Educators Benefit Board to "auto-deduct" monthly insurance premiums directly from your account. To establish this recurring monthly transaction, you must complete this form and attach a VOIDED check. Please mail both to: OEGB, 1225 Ferry Street SE, Suite B, Salem, OR 97301-4278.

Do I need to fill out this form each plan year?

No. OEGB will continue to debit your account as long as you are eligible for OEGB benefits. You can change your authorization at any time by submitting another ACH Debit Authorization form. Please provide written notification to OEGB if you wish to revoke your authorization.

What is an international ACH determination?

Generally, not applicable. This only applies if you have payment instructions to transfer funds from a Non-US Financial Institution to a US Financial Institution explicitly for funding of this debit transaction.

When will my money be taken out?

Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2nd of each month. If the 2nd lands on a weekend or a holiday, funds will be withdrawn on the next business day. For example; if the 2nd is on a Saturday or Sunday, funds will be withdrawn on the Monday after the 2nd.

If you have any questions or concerns please call OEGB at (888) 469-6322.

Self-Pay Early Retiree – Enrollment Packet Q&A

Q: What is a “Self-Pay Early Retiree”?

A: An “Early Retiree” is anyone who retires prior to being eligible for Medicare. “Self-Pay” means your former employer does not contribute any funds toward your insurance premiums and you are responsible for paying the full premium for any coverage you elect.

Q: What are my plan options if I am currently paying all my premiums as an Early Retiree?

A: If you are currently an Early Retiree paying all your premiums, you will come over to OEBB with your current plans. Just like when you were paying your premiums through your former employer or a contracted third party administrator, you will have the option of making certain plan changes allowed to Early Retirees during the annual Open Enrollment period.

Q: My stipend (or employer contribution toward my premiums) ended when I moved over to OEBB. What changes can I make to my plans?

A: You are allowed to make the following plan changes:

- Medical plans – You may:
 - change to a less expensive plan.
 - cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).
- Dental and Vision plans – You may:
 - cancel your coverage.
 - cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).

NOTE: If you were previously paying all your premiums to your educational entity and OEBB is simply taking over the administration of your benefits, you are not allowed to make any changes at this time.

Q: How much do OEBB plans cost?

A: All OEBB plans and costs are available on the OEBB website:

www.oregon.gov/OHA/OEBB/pages/rates.aspx

Q: Who qualifies as a dependent child?

A: An eligible Early Retiree’s, spouse’s, or domestic partner’s biological son, daughter, adopted child, child placed for adoption, or legally placed child, who is 25 or younger on the first day of the coverage month. An eligible Early Retiree must provide the required custody or legal documents to OEBB showing proof of adoption, legal guardianship or other court order if enrolling a child for whom the Early Retiree, spouse, or domestic partner is not the biological parent. Grandchildren are only eligible when the eligible Early Retiree is the legal guardian or adoptive parent of the grandchild.

Q: Do I need to enroll? If so, how do I enroll?

A: If you were previously paying all your premiums to your educational entity and OEBB is simply taking over the administration of your benefits, you are not allowed to make any plan changes at this time and do not need to enroll. Your current enrollments will continue provided you submit payment authorization by the date required (see below for payment authorization instructions).

If you are changing from an active employee to early retiree, or if you previously had a stipend or employer contribution paying part of your early retiree premium, and you now need to self-pay your full premium, you do have the option of making certain allowed plan changes (see above for allowed changes); therefore, you do need to submit an enrollment form to let OEBB know whether you want to make any changes at this time or keep your enrollments as they are. Complete the enclosed Early Retiree Enrollment Form and submit by mail to: OEBB, Attn: Early Retiree Benefits, 1225 Ferry St SE, Suite B, Salem, OR 97301-4278, or by fax to: 503-378-5832. This form must be completed, signed and returned within 31 days of the day you became an early retiree or lost the stipend through your former employer.

Q: If I enroll, how do I make my premium payments and when are they due?

A: All payments are required to be made through an Electronic Funds Transfer. Complete the enclosed ACH Debit Form, attach a voided check and mail the form to: OEBB Attn: Financial Services, 1225 Ferry St SE, Suite B, Salem, OR 97301-4278. If you need another copy of the form, you can request one by calling your former employer or OEBB Member Services at 888-469-6322.

Q: What if I don't maintain an account with a financial institution?

A: Call OEBB Member Services at 888-469-6322 and ask to make other arrangements.

Q: Is it possible to enroll or change my plan choices outside of the Open Enrollment Period?

A: Certain life events allow members to make changes to their benefit enrollments outside of the Open Enrollment Period. These life events are called Qualified Status Change (QSC) events. Experiencing a QSC event is the only way to enroll or make certain changes outside of the Open Enrollment Period.

Q: What are the OEBB Qualified Status Change (QSC) events?

A: A complete matrix of QSC events and the changes they allow can be found on the OEBB website. Go to: www.oregon.gov/OHA/OEBB/docs/QSCMatrix.pdf.

Q: If I experience a QSC, what should I do to enroll or change my elections?

A: If you experience a Qualified Status Change (QSC) event, you must submit a Midyear Change Form to OEBB no later than 31 days from the date of the QSC to enroll or make election changes. The form can be found on the Forms page of the OEBB website: www.oregon.gov/oha/OEBB/docs/form/mid-year_change.pdf, or you can request one by calling OEBB member services at 888-469-6322. You can mail or fax the completed form to OEBB using the address or fax number at the top of the form.

Q: What if I have other questions or need help with the enrollment form?

A: Contact OEBB Member Services by phone at 888-469-6322, or by email at oebb.benefits@state.or.us. Staff are available to assist you Monday – Friday, 8:00 a.m. to 5:00 p.m.

Q: What happens if I pay my premiums late?

A: Coverage will be terminated back to the last day of the last fully paid month. Once coverage is terminated due to late or nonpayment, it cannot be reinstated.

Q: What if I no longer want a specific coverage (for instance, dental) and do not to pay the premium for it?

A: You can only cancel coverage during an Open Enrollment Period or within 31 days of a Qualified Status Change. Discontinuing payment for any portion of the monthly premiums mid-year will result in termination of all coverages through OEBB due to insufficient payment.

Q: What happens if my payment is returned for Non-Sufficient Funds (NSF)?

A: This is considered nonpayment and coverage will be terminated.

Q: What happens if I overpaid my premiums and want a refund?

A: If you do not request a refund, the overpayment will be held by OEBB and applied to future premiums as they become due. Your monthly statement will reflect your current balance, payments applied and premium due, if any. To request a refund, contact OEBB Member Services by phone at 888-469-6322 or by email at: oebb.benefits@state.or.us. Please note that unless your coverage has been terminated, a processing fee will be assessed for refunds under \$100.00. If coverage has terminated, any excess premiums paid will be returned to you without additional fees.

Q: Will I receive an invoice each month?

A: Yes, OEBB will email you an invoice on the 15th of each month. The due date and amount due will be shown on the invoice.

Q: What if I don't have an email address?

A: Indicate on the ACH Debit form that you do not have an email address. Your monthly invoice will be mailed to the mailing address OEBB has on file for you.

Q: Can I make one lump payment to cover an entire year?

A: Advance payments may be made only within the same Plan Year. You need to call OEBB Member Services at 888-469-6322 to make these arrangements.

DIVISION 30

PLAN DESIGN DEVELOPMENT AND SELECTION

111-030-0050

Premium Rate Structure Selection Process and Limitations

- (1) Educational Entities may choose a composite or tiered rate structure for each Employee Group for medical, dental and vision coverage unless otherwise specified in an OEGB administrative rule. The rate structure selected for each coverage type applies to all individuals electing to participate as active employees within an Employee Group.
 - (2) Educational Entities may select a composite or tiered rate structure for early retirees unless otherwise specified in an OEGB administrative rule.
 - (3) Educational Entities may select a composite or tiered rate structure for part-time employees of an Employee Group unless otherwise specified in an OEGB administrative rule. If a different rate structure is selected for part-time employees that structure must apply to all participating part-time employees within that Employee Group.
 - (4) Rate structures must be selected during the plan selection process.
 - (5) Once an Educational Entity elects a change in rate structure for a type of coverage within an Employee Group, the rate structure selection cannot be changed for at least three plan years. The rate structure change will go into effect on the first day of the next plan year, October 1.
 - (6) Educational Entities who offered LTD on a composite rate structure prior to moving to OEGB coverages can continue to do so. ~~for two plan years, 2009–2010 and 2010–2011. This~~ Use of the composite rate structure for LTD plans is only available on the a mandatory LTD plan ~~which~~ and requires 100 percent enrollment.
- (a) Employee Groups using a composite rate structure for mandatory LTD plans effective October 1, 2012, may continue to use either the employer-paid or employee-paid option.**
- (b) Effective October 1, 2013, OEGB will expand the availability of the composite rate structure for mandatory LTD plans only to those Employee Groups that chose to elect an employer-paid plan option.**
- (c) Rate structures must be selected during the plan selection period and become effective the first day of the next plan year, October 1.**