

March 20, 2012

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

<<FIRST>> <<LAST>>  
<<ADDRESS 1>>  
<<ADDRESS 2>>  
<<CITY>>, <<STATE>> <<ZIP>>

**RE: IMPENDING MARCH 31, 2012 TERMINATION OF DEPENDENT COVERAGE – YOUR OPTIONS**

Dear <<FIRST>>:

According to the final report we received from Towers Watson as part of the 2012 OEBB Dependent Eligibility Verification Review and Audit, they did not receive acceptable documentation to verify the eligibility of one or more of your dependents for coverage on OEBB insurance. Soon you should receive a final statement from Towers Watson indicating which dependents are scheduled to be removed from all OEBB plans effective March 31, 2012.

We at OEBB want to make every effort possible to ensure eligible dependents are not removed from OEBB plans. We are following up with each employee who did not submit sufficient documentation for one or more of their covered dependents and ask that you take one of the following steps:

- 1) Review the enclosed Dependent Eligibility Matrix and submit or provide appropriate documentation supporting the eligibility of each dependent to OEBB no later than March 27, 2012, using one of the methods listed on the other side of this page; or
- 2) If you prefer not to submit or provide documentation supporting the eligibility of your dependent(s) and wish only to acknowledge that the individuals' OEBB coverages will end on March 31, 2012, please sign and return the enclosed "DEV Acknowledgment Form" to OEBB no later than March 27, 2012. (This will allow OEBB staff to continue focusing efforts on following-up with employees who have not yet responded and may have eligible dependents who will otherwise lose coverage.)

Please note that the Dependent Eligibility Matrix lists all acceptable documents for each dependent type. Documents not listed on the matrix will not be found acceptable. If you believe your dependent meets the eligibility requirements, but you are unable to provide the documents listed as acceptable documentation, please call OEBB Member Services at 888-469-6322.

You can choose from a variety of methods (listed on the other side of this page) to deliver your documents or acknowledgment form to OEBB:

**Mail to:** Oregon Educators Benefit Board  
Attn: Benefits Department  
1225 Ferry Street SE, Suite B  
Salem, OR 97301-4278

**Fax to:** (503) 378-5832  
Attn: OEBB Benefits Team

**In Person:** OEBB staff will be available in the PEBB/OEBB Board Room (1225 Ferry St SE, Salem) at the following times to verify documents in person.

**Thursday, March 22, 2012**  
**4:00 pm to 6:00 pm**

**Tuesday, March 27, 2012**  
**11:00 am to 1:00 pm**

Staff members from OEBB and/or your educational entity may also try to contact you by telephone and/or via e-mail to ensure you are aware of this situation and to assist you however possible. Again, it has never been OEBB's intent to put eligible dependents' coverage in danger of termination. The intent is to ensure coverage is only extended to individuals who meet the eligibility requirements.

If a dependent experiences a loss of coverage, COBRA continuation information will be mailed to them. More information on COBRA and other insurance alternatives can be found on the OEBB website:

[www.oregon.gov/OHA/OEBB/FAQ/COBRA.shtml](http://www.oregon.gov/OHA/OEBB/FAQ/COBRA.shtml)

If you wish to submit an appeal to OEBB, you can find the OEBB Appeal Policy and Appeal Form on the "Forms" page of the OEBB website:

<http://www.oregon.gov/OHA/OEBB/forms.shtml>

The Appeal Form contains instructions on how to submit your appeal to OEBB.

If you have any questions about the audit or information contained in this letter, the OEBB Member Services team is available by telephone at 1-888-469-6322 from 8:00 a.m. to 5:00 p.m., Monday through Friday. (Note that OEBB offices will be closed Friday, March 23 due to mandatory statewide furlough.) Thank you.

Sincerely,

*Denise L. Hall*

Denise L. Hall  
Deputy Administrator

## Oregon Educators Benefit Board

### Dependent Eligibility Matrix

Eligible Dependent Definition	Proof Type	Required Documentation for Proof of Eligibility
<p><b>Legal Spouse</b></p> <p>"Spouse" means a person of the opposite sex who is a husband or wife. Except as provided in Oregon Constitution Article XV, Section 5a, a relationship recognized as a marriage in another state will be recognized in Oregon even though such a relationship would not be a marriage if the same facts had been relied upon to create a marriage in Oregon. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.</p>	<p><b>Proof of Relationship</b></p>	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li>○ <b>Marriage Certificate:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member</li> <li>• Name of the spouse</li> <li>• Date of marriage</li> <li>• Certifier's signature and official seal; <b>OR</b></li> </ul> </li> <li>○ <b>U.S. Tax Return Indicating Married (first page only):</b> Must contain <ul style="list-style-type: none"> <li>• Tax authority (Federal)</li> <li>• From tax years 2010 or 2011</li> <li>• Name of member</li> <li>• Name of the spouse</li> <li>• Married filing jointly, or married filing separately</li> <li>• If married filing separately, spouse's name must appear on form;</li> </ul> <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information; <b>OR</b></i></p> </li> <li>○ <b>Separation Agreement:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member</li> <li>• Name of the spouse</li> <li>• Date of separation</li> <li>• Notarization date</li> <li>• Notary signature/stamp</li> </ul> </li> </ul>

Eligible Dependent Definition	Proof Type	Required Documentation for Proof of Eligibility
<p><b>Domestic Partner by Certificate</b></p> <p>"Domestic Partner by Certificate," means an unmarried individual of the same sex who has entered into a "Declaration of Domestic Partnership" with the eligible member that is recognized under Oregon law.</p>	Proof of Relationship	<p><b>The following:</b></p> <ul style="list-style-type: none"> <li>○ <b>State-Issued Certificate of Registered Domestic Partnership:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member</li> <li>• Name of the domestic partner</li> <li>• Certificate date</li> <li>• Certifier's signature and official state seal</li> </ul> </li> </ul>
<p><b>Domestic Partner by Affidavit</b></p> <p>"Domestic Partner by Affidavit" unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following:</p> <p>An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Both are at least 18 years of age;</li> <li>• Are responsible for each other's welfare and are each other's sole domestic partners;</li> <li>• Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;</li> <li>• Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;</li> <li>• Have jointly shared the same regular and permanent residence for at least six months immediately preceding the date the Affidavit of Domestic Partnership is signed and submitted to the Educational Entity; and</li> <li>• Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.</li> </ul>	Proof of Relationship	<p><b>The following:</b></p> <ul style="list-style-type: none"> <li>○ <b>OEBB Affidavit of Domestic Partnership:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member</li> <li>• Name of the domestic partner</li> <li>• Date</li> <li>• Signature of both partners</li> </ul> </li> </ul>
	Proof of Shared Obligations, Responsibility or Residence	<p><b>PLUS</b> <b>ONE of the following:</b></p> <ul style="list-style-type: none"> <li>○ <b>Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member</li> <li>• Name of the domestic partner</li> <li>• Name of the mortgage company/landlord/rental company</li> <li>• Statement date from 2011 or 2012; <b>OR</b></li> </ul> </li> <li>○ <b>Joint Bank Account or Joint Liabilities (credit cards, car lease):</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member</li> <li>• Name of the domestic partner</li> <li>• Name of the bank or lending company</li> <li>• Statement date from 2011 or 2012</li> </ul> <p><i>NOTE: To maintain confidentiality, black out account number and financial information; <b>OR</b></i></p> </li> <li>○ <b>Auto Insurance or Utility Bill (electric, gas, phone, internet, cable, garbage, water):</b> Must contain <ul style="list-style-type: none"> <li>• Name of member</li> <li>• Name of the domestic partner</li> <li>• Name of the insurance or utility company</li> <li>• Bill date from 2011 or 2012;</li> </ul> <p><i>NOTE: You may submit one document displaying both names, or you may submit two documents, one in each name showing the same address and dated within a 6-month period <b>and</b> within the past 12 months; <b>OR</b></i></p> </li> <li>○ <b>Current State Issued Driver's License or State Issued ID:</b> Must submit <ul style="list-style-type: none"> <li>• Driver's license or State ID for member, <b>AND</b></li> <li>• Driver's license or State ID for domestic partner</li> </ul> <p><i>NOTE: Both forms of identification must show same address</i></p> </li> </ul>

Eligible Dependent Definition	Proof Type	Required Documentation for Proof of Eligibility
<p><b>Child of the Member, Spouse or Domestic Partner</b></p> <p>Includes any of the following (see list below) under the age of 26:</p> <ul style="list-style-type: none"> <li>a) A natural child</li> <li>b) A legally adopted child or a child legally placed for adoption</li> <li>c) A step-child</li> </ul> <p><b>NOTE:</b> <i>For step-children, children of the domestic partner or children legally adopted by the member's spouse or domestic partner, the member must also submit, as appropriate, a marriage certificate or other document such as a Certificate of Registered Partnership or OEBB Affidavit of Domestic Partnership to prove the member's relationship to the parent of the child.</i></p>	<p><b>Proof of Relationship</b></p>	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li>○ <b>Birth Certificate, Hospital Birth Record or Naturalization Certificate/Report of Birth Abroad:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Date of birth; <b>OR</b></li> </ul> </li> <li>○ <b>Adoption Paperwork:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Court ordered and signed legal adoption documentation or indication document has been filed in court; <b>OR</b></li> </ul> </li> <li>○ <b>Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO):</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Statement of responsibility for health coverage</li> <li>• Court ordered and signed legal guardianship documentation</li> </ul> </li> </ul>
<p><b>Disabled Dependent Child</b></p> <p>Includes any of the following (see list below) age 26 or older:</p> <ul style="list-style-type: none"> <li>a) A natural child</li> <li>b) A legally adopted child or a child legally placed for adoption</li> <li>c) A step-child</li> </ul> <p>and is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and all the following requirements are met:</p> <ul style="list-style-type: none"> <li>• The disability must have existed before attaining age 26.</li> <li>• The member must provide evidence to the Educational Entity or OEBB that (1) the person had health plan coverage, group or individual, prior to attaining age 26, and (2) health plan coverage continued without a gap until the OEBB health plan effective date.</li> <li>• The person's attending physician must submit documentation of the disability to the eligible member's OEBB health insurance plan for review and approval. If the person receives health plan approval, the health plan may review the person's health status at any time to determine continued OEBB coverage eligibility.</li> <li>• The person must not have terminated from OEBB health plan coverage after attaining the age of 26.</li> </ul> <p><b>NOTE:</b> <i>For step-children, children of the domestic partner or children legally adopted by the member's spouse or domestic partner, the member must also submit, as appropriate, a marriage certificate or other document such as a Certificate of Registered Partnership or OEBB Affidavit of Domestic Partnership to prove the member's relationship to the parent of the child.</i></p>	<p><b>Proof of Relationship</b></p>	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li>○ <b>Birth Certificate, Hospital Birth Record or Naturalization Certificate/Report of Birth Abroad:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Date of birth; <b>OR</b></li> </ul> </li> <li>○ <b>Adoption Paperwork:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Court ordered and signed legal adoption documentation or indication document has been filed in court; <b>OR</b></li> </ul> </li> <li>○ <b>Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO):</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Statement of responsibility for health coverage</li> <li>• Court ordered and signed legal guardianship documentation</li> </ul> </li> </ul>
	<p><b>Proof of Disability</b></p>	<p><b>PLUS</b></p> <ul style="list-style-type: none"> <li>○ <b>Letter From OEBB Medical Plan Carrier:</b> Must contain <ul style="list-style-type: none"> <li>• Name of the member, spouse or domestic partner</li> <li>• Name of the child</li> <li>• Statement that medical evidence has been reviewed and the child meets the disability requirements for coverage on OEBB plans</li> <li>• Date and text indicating the approval is currently in effect</li> </ul> </li> </ul> <p><b>NOTE: DO NOT submit medical evidence to the Dependent Verification Center.</b></p>



# Dependent Eligibility Verification (DEV) Acknowledgment Form

## OEBB Use Only

Received: \_\_\_\_\_

Scanned: \_\_\_\_\_

Filed: \_\_\_\_\_

In follow-up to OEBB's Dependent Eligibility Verification (DEV) Review and Audit, OEBB would like to ensure that members with one or more dependents who were not properly verified in the audit are aware that coverage for those dependents will end on March 31, 2012.

If you have dependents on your plan who meet the eligibility requirements, but you have not yet submitted adequate documentation of their eligibility, please do so immediately. The cover letter mailed with this form explains the various methods you can use to submit your documentation. You can also contact OEBB Member Services by telephone at 888-469-6322 or by e-mail at [oebb.benefits@state.or.us](mailto:oebb.benefits@state.or.us) with questions, or for additional assistance.

*If you do not intend to submit documentation for these individuals, please read these statements and sign below:*

I understand that OEBB and/or the Dependent Verification Center did not receive adequate documentation supporting the eligibility of one or more of the dependents listed on my OEBB coverage and therefore coverage for these individuals will end on March 31, 2012.

I understand that I can avoid termination of my eligible dependents' coverage by submitting proper documentation supporting their eligibility to OEBB no later than March 27, 2012, and that I can do so by mail, by fax, or by presenting documents for review in person at the OEBB offices during specified dates and times.

By signing this form, I am acknowledging that I have read and understand the above statements AND am notifying OEBB that I do not intend to submit acceptable documentation for the affected dependents. I further acknowledge that those individuals' OEBB coverage(s) will end on March 31, 2012.

Your Name (Please print clearly) \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, please mail, fax or e-mail this form to:

Oregon Educators Benefit Board  
Attn: Benefits Department  
1225 Ferry Street SE  
Salem, OR 97301-4278  
Fax: (503) 378-5832  
E-mail: [OEBB.benefits@state.or.us](mailto:OEBB.benefits@state.or.us)