

## PEBB Dependent Certification

### Dependents age 19 to 24

### 2009 Plan Year

If you want to cover a dependent age 19 to 24 in 2009, you **must** certify that you expect the dependent will meet PEBB eligibility criteria during the plan year.

To certify the dependent's eligibility, complete the form below and fax or mail it to your agency. Your agency must receive the completed form by Jan. 30, 2009.

Review dependent eligibility criteria at <http://oregon.gov/das/pebb/dependentrules.shtml>.

EMPLOYEE INFORMATION				
LAST	FIRST	MI	ID NUMBER (SSN, OR, University, Benefit)	
DATE OF BIRTH (MM-DD-YYYY)		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
RESIDENCE ADDRESS <input type="checkbox"/> New Address		CITY	STATE	ZIP
		COUNTY	HOME PHONE	
MAILING ADDRESS (if different from above) <input type="checkbox"/> New Address		AGENCY	WORK PHONE	
E-MAIL				
DEPENDENT CERIFICATION				
List <b>all</b> dependents you wish to certify. <b>Relationship Key:</b> CH=Employee and/or Spouse's child, DP CH=Domestic Partner's child, AFF CH=Child by Affidavit				
LAST	FIRST	MI	BIRTH DATE	RELATIONSHIP
MEMBER SIGNATURE				
I <b>verify</b> that my dependents meet PEBB criteria and are eligible to participate in the PEBB plans.				
_____			_____	
Employee Signature			Date	