

# PEBB Self Pay Participants Dependent Certification Form

## Dependents age 19 to 24

### 2009 Plan Year

If you want to cover dependent children age 19 to 24 through your PEBB plans in 2009, you must complete this form and submit to BenefitHelp Solutions (BHS), PO Box 67240, Portland, OR 97268-1240. BHS must receive this form no later than Oct. 31, 2008.

**If you do not certify a dependent age 19 to 24, the dependent will lose coverage Jan. 1, 2009.**

Review dependent eligibility criteria, OAR 101-010-0005 (8), under PEBB administrative rules at [http://arcweb.sos.state.or.us/rules/OARS\\_100/OAR\\_101/101\\_010.html](http://arcweb.sos.state.or.us/rules/OARS_100/OAR_101/101_010.html)

EMPLOYEE INFORMATION				
LAST	FIRST	MI	ID NUMBER (SSN, 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 all 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				
<b>I verify</b> that my dependents meet PEBB criteria and are eligible to participate in the PEBB plans.				
_____ Employee Signature			_____ Date	