

Committee Compensation Request Form

You are receiving this form because you are a member of an Oregon Health Authority board, committee, or other similar group. **Qualified members** of these groups are entitled to compensation for official duties performed. You are a qualified member if:

- You **are not** in full-time public service; and
- You had an adjusted gross income in the previous tax year:
 - Of less than \$50,000, as reported on an income tax return other than a joint income tax return; or
 - Of less than \$100,000, as reported on a joint income tax return.

If you have questions about whether you are a qualified member, please contact your committee staff.

Non-qualified members may also be eligible for compensation. If you are a member of an OHA board, committee, or other similar group, asking for compensation for participation during 2024/2025:

1. Check the box that applies to you, fill out the form below and **send the form to your committee staff**; or
2. Check the box below that you are declining compensation.
3. If you are asking for compensation and have not previously given a W-9 to OHA, include the W-9 when you turn in your form.

Selection of a check box and submission of this form (Committee Compensation Form) will be considered your electronic signature for the purpose of this document and the W-9 and a legal attestation that you are the individual completing the forms.

The current compensation rate is \$178 per day for qualifying official activities such as attending meetings. The rate for meetings that took place before 10/1/2024 is \$166. Council members have one year to request compensation.

Compensation qualifies as income and may impact eligibility for benefits such as the Oregon Health Plan (OHP) or Social Security. You can decline compensation if you are concerned that it will impact your eligibility for benefits.



REQUEST FOR COMMITTEE COMPENSATION

Name: _____

Address: _____

Email: _____

Name of board, committee, or workgroup: _____

OR number (for Workday only): N/a

Vendor number: _____

Vendor number will be assigned upon initial receipt of W-9 and serve as your ID number

Signature or typed name: _____

Date of signature: _____

☐ I attest that I am a qualified member as that is defined in ORS 292.495(4)(a).

☐ I am not a qualified member as that is defined in ORS 292.495(4)(a), but I am eligible for compensation through my committee.

Date for Compensation	Official Duties Performed
Total Amount Due:	

Example:

Date for Compensation	Official Duties Performed
January 26, 2024	Attended subcommittee meeting and reviewed meeting materials

Completed forms should be sent to your council's administrative support person.
For the Children's System Advisory Council: tamara.bavaro2@oha.oregon.gov