



Oregon Educators Benefit Board

DEV Review Presentation to BIE Meeting
January 23, 2014

Dependent Eligibility Verification Review (DEV)

- Required in OEBB rules OAR 111-080-0055
- OEBB must complete a DEV review for each entity at least once every three years
- The proposed monthly review schedule for the following calendar year can be found at <http://www.oregon.gov/oha/OEBB/entity/Pages/eeDEVReviews.aspx>
- The review may be completed by OEBB or by a pre-approved third party vendor

Third Party Vender

- Must be pre-approved by OEBB before the review begins.
- Will qualify as meeting the three year requirement under OEBB Administrative Rules.
- Will perform same activities as OEBB.

How Will The DEV Review be Conducted?

- OEBB will contact entity at least two months prior to schedule specific date(s) of review.
- OEBB will send a letter to all subscribers with dependents listed in MyOEBB at least six weeks prior to onsite review date.
- OEBB will send reminder letter two weeks prior to onsite review date.

How Will The DEV Review be Conducted?

- Members may fax, mail, or email copies of documentation into OEBB prior to review date. All documents will be shredded at conclusion of the review.
- OEBB staff will also be onsite to view member's documentation. Documentation will be reviewed, verified, and logged and will not be retained.

How Will The DEV Review be Conducted?

- OEBB will send a confirmation letter to each employee included in the DEV review within one week after the review is completed.
 - Including those who have not submitted documentation and those who could not supply appropriate documentation.
- Coverage for dependents for whom a member cannot provide appropriate documentation will end on the last day of the month in which the determination was made and no later than the last day of the month in which the review was completed.

How Will The DEV Review be Conducted?

- OEBB will provide a file to the entity with the dependents that have been terminated.
- OEBB will expire and lock these terminated dependents so they cannot be added back onto coverage during a future enrollment period.
- Members have a right to appeal termination decisions as provided under OAR 111-080-0030.

Legal Spouse - Definition

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. This could include spouses of the same sex if recognized in another state in which the ceremony was performed. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.

Legal Spouse –Required Documentation

One of the following:

Marriage Certificate: Must contain

- Name of the member
 - Name of the spouse
 - Date of marriage
 - Certifier's signature and official seal;
- OR**

Separation Agreement: Must contain

- Name of the member
- Name of the spouse
- Date of separation
- Court dated and signed

AND

U.S. 1040 Tax return Indicating Married (first page only): Must contain:

- Tax authority (Federal)
- From tax years 2012 or 2013
- Name of the member
- Name of the spouse
- Married filing jointly, or married filing separately
- If married filing separately, spouse's name must appear on form;

NOTE: To maintain confidentiality, please black out SSN and financial information

Domestic Partner by Certificate - Definition

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.

Domestic Partner by Certificate – Required Documentation

The following:

State-Issued Certificate of Registered Domestic Partnership: Must contain

- Name of the member
- Name of the domestic partner
- Certificate date
- Certifier’s signature and official seal

AND

One of the following (these documents must be dated within a 6-month period prior to the date of review):

Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease: Must contain

- Name of the member
- Name of the domestic partner
- Name of the mortgage company/landlord/rental company
- Statement date from a 6-month period prior to the date of audit; **OR**

Joint Bank Account or Joint Liabilities (credit cards, car lease): Must contain

- Name of the member
- Name of the domestic partner
- Name of the bank or lending company
- Statement date from a 6-month period prior to the date of audit

*NOTE: To maintain confidentiality, please black out SSN and financial information; **OR***

Domestic Partner by Certificate – Required Documentation

Auto Insurance or Utility Bill (electric, gas, phone, internet, cable, garbage, water): Must contain:

- Name of the member
- Name of the domestic partner
- Name of the insurance or utility company
- Bill date must be from a 6-month period prior to the date of review;

*NOTE: Employee may also submit one document displaying both names, or may submit two documents, one in each name showing the same address and dated within the last 6 months; **OR***

- **Current State Issues Driver’s License or State Issued ID:** Must submit
 - Driver’s license or State ID for member,
- **AND**
 - Driver’s license or State ID for domestic partner
- *NOTE: Both forms of identification must show same address and be issued on or before the start of the dependent eligibility review.*

Domestic Partner by Affidavit - Definition

Unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following:

An unmarried individual of the same or opposite sex who has entered into a partnership that includes the following:

- Both are at least 18 years of age;
- Are responsible for each other's welfare and are each other's sole domestic partners;
- 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.
- Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;
- 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
- Are jointly financially responsible for basic living expenses designed as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.

Domestic Partner by Affidavit – Required Documentation

OEBB Affidavit of Domestic Partnership:

Must contain

- Name of the member
- Name of the domestic partner
- Date
- Signature of both partners

AND

One of the same documents required for Domestic Partner by Certificate.

Child of the Member, Spouse, or Domestic Partner - Definition

Includes any of the following age 26 and older:

- A natural child
- A legally adopted child or a child legally placed for adoption
- A legally placed child
- A step-child

Grandchildren are only eligible when the eligible employee is the legal guardian or adoptive parent of the grandchild. You must have a document that is signed by the court.

NOTE: 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 OEGB Affidavit of Domestic Partnership to prove the member's relationship to the parent of the child.

Child of the Member, Spouse, or Domestic Partner– Required Documentation

A Natural Child or Step Children

Birth Certificate or Naturalization

Certificate/Report of Birth Abroad: Must contain

- Name of the member, spouse, or domestic partner
- Name of the child
- Date of birth;

NOTE: A marriage Certificate will also be required if the biological parent of the Step Child is not being covered on benefits, the dependent child is married, or if the dependent child's last name is different than the subscriber's.

Legal Guardianship

Court Ordered and Signed Legal Guardianship:

Must contain

- Name of the member, spouse, or domestic partner
- Name of the child

A legally adopted child or a child legally placed for adoption

Adoption Paperwork: Must contain

- Name of the member, spouse, or domestic partner
- Name of the child
- Court ordered and signed legal adoption documentation;

NOTE: If using Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO):

Must contain:

- Name of the member, spouse, domestic partner or legal guardian
- Name of the child
- Statement of responsibility for health coverage

Court ordered and signed legal guardianship documentation

Disabled Dependent Child- Definition

Includes any of the following age 26 and older:

- A natural child
- A legally adopted child or a child legally placed for adoption
- A legally placed child
- A step-child

The person must be incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and all the following requirements must be met:

- The disability must have existed before attaining age 26.
- The person must have had group or individual health plan coverage prior to attaining age 26.
- Health plan coverage must have continued without a gap until the OEGB health plan coverage date.
- The person's attending physician must submit documentation to the employee's OEGB health insurance plan of the disability for review. The health plan may review the person's health status at any time to determine continued OEGB coverage eligibility.
- The person must not have terminated from OEGB health plan coverage after attaining the age of 26.

Disabled Dependent Child – Required Documentation

Same documentation requirements as child of member, spouse, or domestic partner

PLUS

Letter From OEGB Medical Plan Carrier: Must contain

- Name of the member, spouse, domestic partner, or legal guardian
- Name of the child
- Statement that medical evidence has been reviewed and the child meets the disability requirements for coverage on OEGB plans
- Date and text indicating the approval is currently in effect

NOTE: DO NOT submit medical evidence.