



2018–19 Plan Year SPER Dental Only Open Enrollment Form

Changes effective October 1, 2018

Office use only
Approved by: _____
Approved date: _____
Effective date: _____

Early Retiree information

Last name	First name	Middle
E number or Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy)
Primary phone number	Cell phone number	Medicare eligible?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No
May OEGB send text messages to this number? Standard text message and data rates apply.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	<input type="checkbox"/> Check if new address	Apartment or space#
City	State	ZIP
		County
Ethnicity (Select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Refused <input type="checkbox"/> Unknown		
Race (Select at least one. If selecting more than one, circle one as primary):		
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
		<input type="checkbox"/> Refused <input type="checkbox"/> Unknown

*** Warning! – All SPERs and dependents of SPERs lose eligibility for OEGB plans on the day they become eligible for Medicare due to age 65 or disability. Notify OEGB immediately if you or your dependent is eligible for Medicare, regardless of whether you enroll in Medicare coverage. If dropping coverage for you or a dependent it cannot be added back at a future date without a qualifying event. See QSC Matrix for details.**

Dental plan selection

Dental

Medical plan selection: _____ Cancel Dental

Write in plan selection.

SPER signature and authorization

I declare the dependents listed above and I are eligible for the coverages requested per OEGB Administrative Rule (OAR)-Division. I have read and understand OAR-Division 10 concerning Definitions and can find this OAR at:

http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_010.html

I have read and understand OAR-Division 80, Sections 111-080-0040, 111-080-0045 and 111-080-0050 concerning Eligibility and Policy Term Violations and can find this OAR at:

http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_080.html

I understand I have 31 days to notify OEGB of a Qualified Status Change (QSC) which affects eligibility. I have read and understand OAR-Division 40 concerning Enrollment and can find this OAR at:

http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_040.html

I understand the benefit elections I make are in effect for as long as I continue to meet OEGB's eligibility requirements, or until I elect to change them subject to the provisions of OEGB's plan. I understand I cannot alter my plan selections during the plan year unless I experience a QSC; then I am subject to the restrictions of the OEGB QSCs. I have reviewed and understand the Qualified Status Change (QSC) Matrix which can be found at

<http://www.oregon.gov/oha/OEGB/Pages/QSC-Matrix.aspx>

I have read the benefit materials and I understand the limitations and qualifications of the OEGB benefits program. This is a self-pay program, I agree for monthly payments to be deducted from my financial institution by the date specified on the back of the ACH form, or my coverage will terminate. I will not be able to reinstate coverage until the next open enrollment period (if I requalify) or I may lose OEGB eligibility altogether.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages.

This election supersedes all elections and submissions I previously made for OEGB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

SPER signature

Date

Submit this form to OEGB by September 15, 2018

By mail: OEGB

Attn: SPER Enrollment

500 Summer Street NE, E-88

Salem, OR 97301-1063

By fax: 503-378-5832