



Self-Pay Early Retiree (SPER) Terminate All Benefits Form

Office use only

Approved by: _____

Approved date: _____

Effective date: _____

Terminating insurance coverage after the 20th of the month can result in overpayment of premium because ACH Debit payment files submitted for withdrawal on or around this time cannot be stopped. Should this occur, coverage will still terminate as requested and over-payments will be refunded by check.

I elect to have my insurance benefits terminated effective: _____

(Must be a future date – coverage cannot be canceled retroactively.)

Month and Year

Self-Pay Early Retiree (SPER) information

Last name	First name	M.I.	
E Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Date of birth (mm/dd/yyyy)	
Home phone number	Cell phone number	Personal email	
Address	<input type="checkbox"/> Check if new address	Apartment or Space#	
City	State	ZIP	County

Benefit termination

☐ **By checking this box, I authorize OEGB to terminate all my benefits.**

Individual plans (medical, dental, or vision) can only be canceled during Open Enrollment.

Once benefits are canceled, you are no longer eligible to re-enroll in OEGB coverage.

Optional Plans: If you have optional life insurance plans you wish to keep, you must contact The Standard Insurance Company to port coverage. The Standard OEGB Customer Service can be reached at 1-866-756-8115.

<https://www.standard.com/mybenefits/oebb/>

Member authorization

I hereby cancel my OEGB coverage as specified above. I understand that by terminating my benefits, I will no longer be eligible to re-enroll in future OEGB benefits. This form supersedes any and all forms and submissions I have previously submitted for OEGB coverage.

SPER signature

Date

Submit this form to OEGB

By mail:

OEGB

Attn: SPER Enrollment

500 Summer Street NE, E-88

Salem, OR 97301-1063

By fax:

503-378-5832

By email:

OEGB.Benefits@odhsoha.oregon.gov