**[Current Date]**

**[FIRST] [LAST]**

**[ADDRESS]**

**[CITY], [STATE] [ZIP]**

**To:** Early Retirees currently enrolled in an Oregon Educators Benefit Board Insurance Plan

**Subject:** Benefits administration shift from your educational entity to Oregon Educators Benefit Board

Your employing entity has chosen the option to have OEBB (Oregon Educators Benefit Board) administer the monthly premium payments and benefits administration for your early retiree group. You have been identified as a member who is currently enrolled in a group health plan offered by your employing entity through OEBB.

**What does this mean for you?** You will no longer make your monthly premium payments directly to your employing entity, or to a third party administrator, if your employing entity contracted with another organization to administer your employee group. You will now be making your monthly premium payments directly to OEBB, thus eliminating the extra time and cost to the educational entity.

**How to begin?** OEBB is requesting all Early Retirees submit payment by Direct Debit Payments (ACH Debit). ACH Debit is free and a no-hassle way to pay your monthly insurance premiums. Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the **2nd** **business day** of each month. OEBB requires 15 days to get your banking information set up and submit a zero dollar pre-note to your bank. A pre-note ensures OEBB has established a clear communication with your Financial Institution. Included in this packet is an Automatic Debit Authorization form. Please complete this form, send a voided check along with the form and return it to OEBB **within two weeks of the date on this letter**.

Please review the OAR rules for Division 65 (posted on our website) which outline our administrative guidelines for Early Retiree groups:

[http://www.oregon.gov/oha/OEBB/Pages/Admin-Rules.aspx](https://www.oregon.gov/oha/OEBB/Pages/Admin-Rules.aspx)

**What happens if I do not return my Early Retiree Enrollment and ACH Debit Forms?** Your employing entity has terminated your benefits with an effective date of **XX/XX/20XX.** Failure to return the requested forms in a timely manner will cause you and your dependents to lose OEBB benefits.

**Contacting OEBB for Assistance?** If you need assistance with completion of your forms or have any payment or benefit-related questions, contact the OEBB member services team by one of the following:

Phone: 888-4My-OEBB (888-469-6322)

Email: [oebb.benefits@odhsoha.oregon.gov](mailto:oebb.benefits@odhsoha.oregon.gov)

Fax: 503-378-5832

Mail: Oregon Educators Benefit Board

500 Summer Street NE, E-88

Salem, OR 97301-1063

OEBB looks forward to being able to support you as you continue your OEBB benefits as an early retiree of one of the many participating employing entities.

Sincerely,



Ali Hassoun

Director

OREGON HEALTH AUTHORITY

Health Policy and Analytics

Oregon Educators Benefit Board

Public Employees’ Benefit Board