

Temporary COVID-19 Optional Coverages Cancellation and Reinstatement

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

Employee information *(you must complete all fields)*

PEBB benefit number (P#), OR#, University ID or Lottery ID

Last name First name MI

Date of birth (mm/dd/yyyy) Gender
 M F Other

Check if new address

Contact address Apartment # City State ZIP

Phone number Email address

I am:

Canceling Coverage Reinstating Coverage

Employee coverage type:

Optional Life AD&D
 Short Term Disability Long Term Disability UNUM Long Term Care

COVID-19 coverage cancellation reason:

Reduction in hours Lay-off/Furlough Spouse/Domestic Partner loss of income

COVID-19 coverage reinstatement reason:

Work hours restored Return from lay-off/Furlough Spouse/Domestic Partner back to work

Rules and signature of agreement

I can cancel certain optional coverages because of COVID-19 hardship. These coverages can only be canceled for a COVID-19 hardship. They include:

- Reduction of hours
- Layoff or furlough
- Loss of income by spouse/partner

Canceling Coverage:

I understand the rules about canceling The Standard and UNUM optional coverages.

- I may cancel one or all my optional coverages including:
 - Optional Life (including Employee, Spouse/Partner and Dependent Life)
 - Accidental Death and Dismemberment (AD&D)
 - Short Term Disability
 - Long Term Disability
 - UNUM Long Term Care
- If I cancel Optional Life and AD&D coverages, I must cancel for everyone currently enrolled (myself and my enrolled dependents).
- I know my optional coverage(s) will end once I submit this form. Any claims I submit will be denied.
- I will not owe premiums to my agency or university and they will not deduct premiums from my pay while my coverages are canceled.
- Coverage cancellation will take effect the first of the month after my form is submitted.

Reinstating Coverage:

I understand the rules about reinstating The Standard and UNUM coverages:

- I can only reinstate canceled coverages once I (or my spouse/partner) return to work.
- I have 45 days from the date I (or my spouse/partner) return to work to send this form again to request reinstatement.
- I must reinstate all canceled coverages. I cannot choose to reinstate only certain benefits.
- Upon my timely request, coverage amounts for life and disability in effect before I canceled will be reinstated.
- The Standard will not require me to complete a medical history statement if I request reinstatement timely.
- Reinstated coverage will take effect the first of the month in which I return my form, if timely.
- I may add my Long Term Care coverage back at any time. I know:
 - I will have to send a new medical history statement.
 - My premiums will be based on my age when I reapply.
- Once reinstated, my agency or university will again deduct premiums from my pay.
- If I fail to send this form within 45 days from the date I (or my spouse/partner) return to work, medical evidence may be required and I will have to reapply for coverage:
 - As a late enrollee, or
 - With a Qualified Status Change (QSC).

My signature confirms my understanding and agreement to the above rules and my desired coverage changes and authorizes PEBB to make changes to my benefits.

Employee Signature

Date

Any alteration of this form may result in it being ineffective.

Always keep copies for your records.

Preferred method: inquiries.pebb@dhsoha.state.or.us
or by fax: 503-373-1654

or by mail: PEBB Member Services
500 Summer Street NE, E-89
Salem, OR 97301-1063