Dear <<FirstName>>,

We recently sent you information about the Dependent Eligibility Review Program. The intent of this “Dependent Eligibility Review” is to make sure only those who are eligible are receiving PEBB benefits. This helps keep health care costs down.

You are receiving this reminder letter because you have enrolled dependents in the PEBB benefit management system. PEBB will need to see documentation that confirms each dependent’s eligibility.

If you have recently mailed or faxed your documentation to PEBB, please disregard this letter.

If you cannot provide the appropriate documentation for a dependent, his or her coverage will end. Your dependent will not be able to be added back onto PEBB coverage during a future enrollment period unless you provide the required documentation.

Included with this letter are the Definitions and Required Documentation and the Dependent Eligibility Worksheet.

If you have NOT yet provided the required documentation for your dependents, please review the instructions below. Take the necessary steps to ensure your eligible dependents maintain continuous coverage on your PEBB insurance plans.

To complete the dependent eligibility verification process, simply follow these steps:

1. Carefully review the enclosed definitions and documentation requirements.

2. Confirm your covered dependent(s) eligibility status by:

   i. Make copies of required documents. Do not send originals.
   ii. Complete and return the enclosed Dependent Eligibility Worksheet along with copies of the required documents.
   iii. Mail to: 500 Summer Street NE, E-89. Salem, OR 97301-1063. Attn. Dependent Eligibility Review Team or
   iv. FAX to: 503-373-1654 Attn. Dependent Eligibility Review Team
   v. All required documents and your completed Dependent Eligibility Worksheet must be received by <<DUEDate>>.
   vi. Eligibility documents will not be returned and will be shredded at the end of the review.
A confirmation letter will be mailed to you within 10 to 14 business days after the review is completed. The confirmation letter will give you the status (verified or not verified) for each of your dependents.

If we do not receive all of the required documentation for your dependent(s), coverage for those dependents will end no later than <<Term Date>>.

Imputed taxes may apply in the event a spouse is determined to be a domestic partner. PEBB cannot provide interpretations or advice related to a member's taxes. You should contact a tax professional for more information.

Members have a right to appeal all eligibility decisions. Completed appeal forms and eligibility documents must be received by PEBB within 60 days of the date your dependent’s coverage was ended. To complete your appeal form go to: http://www.oregon.gov/oha/PEBB/Benefits/Appeal-Form.pdf.

For more information about the dependent eligibility review and eligibility definitions visit: http://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx

We appreciate your cooperation with the dependent eligibility review process. If you have any questions, please call PEBB at 1-503-373-1102 or email inquiries.pebb@dhsoha.state.or.us.

You can get this document in other languages, large print, braille or a format you prefer. Contact PEBB at 503-373-1102 or email inquiries.pebb@dhsoha.state.or.us. We accept all relay calls or you can dial 711.

Sincerely,

Public Employees’ Benefit Board