



500 Summer Street NE, E-88
Salem, OR 97301-1063
Phone: 503-378-2954
Fax: 503-373-1654

Email: pebb.dependenteligibility@odhsoha.oregon.gov

July 11, 2022

<<SubFirstName>><<SubLastName>>
<<Address 1>>
<<Address 2>>
<<City, State, ZIP>>

<<ReviewID>>

Dear <<FirstName>>,

This letter confirms the status of your dependents' eligibility as part of the Dependent Eligibility Review. Your dependents and their status are listed below. If a dependent is listed as "verified" they have been determined to be eligible for PEBB coverage. No further action is needed for verified dependents.

If a dependent is listed as "NOT Verified" we did not receive acceptable or the required documentation to verify their eligibility. Coverage for dependents whose eligibility is NOT verified will end as of the date listed below.

Dependent First Name	Dependent Last Name	Relationship	Status	End Date

Dependents identified as ineligible will be ended from all PEBB benefit plans effective the last day of the month in which the determination was made, or retroactive to the date the individual is determined to have no longer been eligible, or the effective date of coverage if eligibility criteria was never met.

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. Appeals received after 60 days of coverage termination date are processed prospectively.

- ★ **Note:** *If a disabled dependent child's (age 26+) coverage ends due to the dependent eligibility review you have 60 days to appeal and provide the requested documentation for reconsideration. If the appeal is outside the 60 days for the disabled dependent (age 26+), the disabled dependent is no longer eligible for future enrollment as your dependent under PEBB coverage. To complete your appeal form, go to: <https://www.oregon.gov/oha/PEBB/FORMS/Appeal.pdf>*

Information on the PEBB Dependent Eligibility Review, including eligibility definitions and required documentation, can be found on our website at: <http://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx>

If you have any questions about the information contained in this letter, please contact PEBB at 503-378-2954 or email: pebb.dependenteligibility@odhsoha.oregon.gov.

You can get this document in other languages, large print, braille, or a format you prefer. Contact PEBB at 503-378-2954 or email: pebb.dependenteligibility@odhsoha.oregon.gov. We accept all relay calls, or you can dial 711.

Sincerely,

Public Employees' Benefit Board