

## Dependent Eligibility Worksheet

Instructions for Submitting Documentation via Mail, Fax or Email.

To continue benefit coverage for your dependent(s), you must provide the required documentation to prove your dependents are eligible for coverage. **Please complete this worksheet and follow these steps:**

1. **Verify dependents' eligibility**
  - The individual(s) shown on this worksheet are currently listed as a dependent in the PEBB benefit management system.
  
2. **Make a copy of dependent eligibility documentation**
  - For each dependent, provide proof of eligibility for coverage by providing a **copy** of the required documents.
  - Please refer to the enclosed list of required documents for each dependent type.
  - Review the list carefully since more than one piece of documentation may be needed.
  - Be sure to send copies not originals since your documents will not be returned.
  
3. **Return this form (Dependent Eligibility Worksheet) with the required documentation**
  
4. **Send your documents to PEBB, Attn: Dependent Eligibility Review Team:**
  - a. Mail: 500 Summer Street NE, E-89. Salem, OR 97301-1063. or;
  - b. FAX: 503-373-1654 or;
  - c. Email: [pebb.dependenteligibility@odhsoha.oregon.gov](mailto:pebb.dependenteligibility@odhsoha.oregon.gov)

★ *Note: Email may not be a secure way to send private information.*

**Name:** \_\_\_\_\_ **Review ID:** \_\_\_\_\_

### Individuals Enrolled as Your Dependents

Name	Relationship	Required Dependent Verification Documents Enclosed	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

A confirmation letter will be mailed to you within 10 to 14 business days after the review of your documents is completed. The confirmation letter will give you the status (verified or not verified) for each of your dependents.

Dependents identified as ineligible will be terminated 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 terminates 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>*

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 503-378-2954 or email [pebb.dependenteligibility@odhsoha.oregon.gov](mailto: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](mailto:pebb.dependenteligibility@odhsoha.oregon.gov). We accept all relay calls, or you can dial 711.

Sincerely,  
Public Employees' Benefit Board