



Oregon

Theodore R. Kulongoski, Governor

Oregon Educators Benefit Board

1225 Ferry Street SE
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FAX 503-378-5832

<http://oregon.gov/DAS/OEBB>

MyOEBB Rules Selection Form

OEBB needs to set up rules specific to your entity in order for your employees to accurately enroll in benefits. OEBB needs to have this form completed and turned in to OEBB no later than **June 30, 2009 (June 12th if you are already with OEBB but have new groups participating)**. If OEBB doesn't hear from your entity by June 30, 2009 (June 12th if you are already with OEBB but have new groups participating), OEBB will apply the OEBB OAR's as rules for your entity. Please note your entity will be unable to change these rules until next plan year. If you completed this form last year (2008) you do not need to complete a new form for 2009 unless your rules have changed.

The three rules are as follows:

1. Does your entity allow coverage to include opposite sex domestic partners?
2. What is the age range your entity allows coverage for overage dependents? The age range starts at age 19 and can go up to age 26.
3. Does your entity need access to the Coverage Effective Start Date field or will benefits always start the first of the next month after date of hire or the first of the month after which the employee enrolls online? For example, you have an employee which starts on May 15, 2009, their benefits would start on June 1, 2009 if they enroll online by May 31, 2009 or benefits would start on July 1, 2009 if they enroll on June 2, 2009.

Due Date for the Rules Selection Form

This Rules Selection Form is due no later than **June 12, 2009 (June 12th if you are already with OEBB but have new groups participating)**.

Where do I send my Rules Selection Form?

Please **fax** your Rules Selection Form to the following contact:
Dawn Wrezinski, Benefits Analyst
Fax: (503) 378-5832

Then, **mail the original** to the following address:

Oregon Educators Benefit Board
1225 Ferry Street SE
Salem, OR 97301

Attn.: Dawn Wrezinski/Rules Selection Form

MyOEBB Rules Selection Form

Institution Number: _____

Entity Name: _____

If you need to attach additional documentation to this form please make sure your Institution Number and Entity Name are on each additional page.

1. Does your entity allow coverage to include opposite sex domestic partners? *(Please circle one selection.)*

Yes No

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

2. What is the age range your entity allows coverage for overage dependents? The age range must start at age 19 and cannot go beyond age 26.

Starting Age _____ Ending Age _____

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

3. Does your entity need access to the Coverage Effective Start Date field or will benefits always start the first of the next month after date of hire or the first of the month after which the employee enrolls online? For example, you have an employee which starts on May 15, 2009, their benefits would start on June 1, 2009 if they enroll online by May 31, 2009 or benefits would start on July 1, 2009 if they enroll on June 2, 2009. *(Please circle one selection.)*

Yes, we need access to the Coverage Effective Start Date

No, our Coverage Effective Start Date will follow the OEGB OAR's

Does this rule cover your entire entity or is it specific to employee groups? (Please circle one selection. If your answer is "No", please attach an additional sheet explaining the process for your entity by employee group for each rule.)

Yes, the rule covers our entire entity.

No, the rule is specific to employee groups. (See our entities attached sheet.)

Entity Name: _____

Entity Institution Number: _____

District Official Signature: _____

Printed Name: _____

Position: _____

Date Signed: _____

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