

PEBB Dependent Certification

Dependents age 19 to 24

2009 Plan Year

If you want to cover dependent children age 19 to 24 through your PEBB plans in 2009, you must certify that you expect the dependents will meet PEBB eligibility criteria during the plan year.

To certify dependent eligibility, complete the form below and fax or mail it to your agency/university benefit office **no later than October 31, 2008. If you do not certify a dependent below, the dependent's enrollment in the PEBB plans will be terminated December 31, 2008.**

Review dependent eligibility criteria at <http://oregon.gov/das/pebb/dependentrules.shtml>.

EMPLOYEE INFORMATION				
LAST	FIRST	MI	ID NUMBER (SSN, University, Benefit)	
DATE OF BIRTH (MM-DD-YYYY)		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
RESIDENCE ADDRESS <input type="checkbox"/> New Address		CITY	STATE	ZIP
		COUNTY	HOME PHONE	
MAILING ADDRESS (if different from above) <input type="checkbox"/> New Address		AGENCY	WORK PHONE	
E-MAIL				
DEPENDENT CERIFICATION				
List all dependents you wish to certify. Relationship Key: CH =Employee and/or Spouse's child, DP CH =Domestic Partner's child, AFF CH =Child by Affidavit				
LAST	FIRST	MI	BIRTH DATE	RELATIONSHIP
MEMBER SIGNATURE				
I verify that my dependents meet PEBB criteria and are eligible to participate in the PEBB plans.				
_____			_____	
Employee Signature			Date	