



Appeal Form

- Office Use Only -

Approved by _____ Date _____

Effective Date _____

OEBB honors the confidentiality of personal health information. For this reason OEBB does not process insurance carrier appeals. If you disagree with the carrier's coverage, claim, or reimbursement decision, you must appeal directly to the insurance carrier. Each insurance carrier provides information about their appeal process in their member handbook.

You may appeal to OEBB about eligibility decisions, enrollment errors, omissions, or missed enrollment timelines.

Complete and submit this form along with all supporting documentation using one of the contact methods below. The appeal process will begin on the date the form is received by OEBB.

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| Mailing Address: Oregon Educators Benefit Board 1225 Ferry Street SE, Salem, OR 97301 | Email: oebb.appeals@state.or.us Fax: 503-378-5832 |
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1. Member Information

| | | | | | |
|--------------------|---|-------------------------------|---------------|---|-----|
| Educational Entity | | Employee ID, SSN, or E Number | | | |
| Last Name | First Name | MI | Date of Birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Contact Address | <input type="checkbox"/> Check if New Address | Apt # | City | State | Zip |
| Work E-mail | Personal E-mail | Work Phone | Home Phone | | |

2. Your Appeal (attach separate sheet if necessary)

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| a. Describe the problem. |
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| b. Describe what you want OEBB to do. |
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3. Member Signature

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| By signing below, I authorize OEBB to contact the carrier and/or educational entity to gather information to process this appeal. | |
| _____ Signature | _____ Date |