



Notice Of Interest

Entity name: _____

We are a (*check one*): ☐ City ☐ County ☐ Special District

We would like our OEGB benefits to be effective (*MM/DD/YYYY*): _____

What type(s) of insurance coverage do you currently carry? _____

At what amounts (*single/aggregate if applicable*)? _____

At what amounts (*single/aggregate if applicable*)? _____

At what amounts (*single/aggregate if applicable*)? _____

If requested, can you provide OEGB with a Certificate of Insurance? ☐ Yes ☐ No

The employer listed above wishes to pursue entering into an agreement with OEGB, whereby OEGB will provide medical, dental, vision, life, disability, accidental death and dismemberment (AD&D) benefits and long term care coverages for eligible individuals in the following employment categories.

Please initial one selection

_____ All current and future active, early retiree, and COBRA participants _____
Approximate count

_____ The current and future active, early retiree, and COBRA participants for the following employment group(s), with the intent that other employment groups will join OEGB as collective bargaining and/or employment policies agree to:

Employment group name

Approximate count

_____	_____
_____	_____
_____	_____

Please initial each statement:

I/We understand and agree to the following:

- _____ Premiums for the medical coverages may be in a different category than those offered to entities participating in OEBB on or before July 1, 2014, based on our local government's specific utilization experience and cost during the two most recent 12-month periods.
- _____ If medical coverage is currently fully insured, two most recent years of medical plan premium rates, a full description of the medical plan design(s), and information from the most recent proposed renewal have been previously submitted, to OEBB.
- _____ If our local government offers dental, vision, life, disability, AD&D, long term care, and/or EAP benefits in addition to medical coverage, these plans must also be moved to OEBB.
- _____ We will communicate to our active, early retiree, and COBRA participants upon receiving written confirmation from OEBB confirming when our members will transition over to OEBB. OEBB's confirmation will contain a start date of when our members will transition to OEBB and how this change will affect them.
- _____ OEBB is offering this option to our local government or special district and it is not requiring our local government or special district to use this service. We are electing to use the service provided by OEBB and will communicate this to our membership.
- _____ We have the ability to transition only certain Employment Groups over to OEBB for coverage, but all Employment Groups shall move under OEBB at the very first opportunity if a collective bargaining agreement or formal entity policy must be amended. If we do send over an Employment Group, all current and future eligible members of that group must transition to OEBB at the same time.
- _____ Our benefits staff will need training on the MyOEBB system. We are willing to travel to Salem, OR to participate in this one-day system training if necessary. Training may also be provided via webinar format.
- _____ By joining OEBB, we will be subject to ORS 243.860 through .866 and Oregon Administrative Rules, Chapter 111.
- _____ We will need to work with OEBB to migrate our members into the MyOEBB system and will be responsible for ongoing administrative responsibilities including, but not limited to, processing new hires, terminations, qualified status changes, allowable benefit changes, open enrollment processing and clean-up, and timely monthly premium reconciliations.
- _____ By joining OEBB, we agree to comply with all State of Oregon applicable information and security laws, regulations and policies, including but not limited to:

Oregon's Statewide Information Security Standards

<https://www.oregon.gov/das/OSCIO/Documents/2019StatewideInformationAndCyberSecurityStandardsV1.0.pdf>

Oregon's Statewide Information Security Plan

<https://www.oregon.gov/das/OSCIO/Documents/StatewideInformationSecurityPlan.pdf>

Oregon's Statewide Policies

<https://www.oregon.gov/das/Pages/policies.aspx#IT>

Signature of authority authorized to commit entity to this agreement:

Print name

Title

Signature

Date

Contact address

City

State

ZIP

Phone number

Email address

Please **email** or **fax** your Notice of Interest form to the following contact:

OEBB Member Services

Fax: 503-378-5832 -

Email: oebb.benefits@dhsosha.state.or.us

Then, mail the original to the following address:

Oregon Educators Benefit Board

Attn: Notice of Interest Form

500 Summer Street NE, E-88

Salem, OR 97301-1063

OEBB USE ONLY

Authorized Signature _____

Date _____