



Serving the communities of Forest Grove, Cornelius, Gales Creek and Dilley

1728 Main St.
Forest Grove, OR 97116
Ph: 503-359-8110 x4525
Fax: 503-359-2474

HEALTH INSURANCE “OPT OUT” FORM

I am “opting out” of medical insurance and declining dental and vision insurance for the 2018-2019 plan year beginning October 1, 2018.

In exchange for “opting out” of insurance, I understand that I will be paid a taxable stipend of \$375.00 per month (pro-rated for less than 1.0 FTE) beginning September 30, 2018.

I understand that in order to “opt out” of medical insurance in MyOEBB I must have medical insurance through other group coverage and provide the following information:

Other insurance carrier: _____

Policy number: _____

Group number: _____

Subscriber’s name: _____

Subscriber’s employer: _____

Effective Date: _____

Employee Name

Employee Signature

Date

Please return this form to the payroll office by September 9, 2018