Scappoose School District
Certified Opt-Out Form
Individual or Married

Proof
Form
_ **MyOEBB**

Office use only

To receive opt-out benefits, proof of other insurance MUST be provided to the District Office upon benefit selection.

Certified:

Members eligible for a District insurance contribution, but who choose not to obtain insurance coverage may "opt out" from the insurance year, in accordance with the underwriting rules and regulations as set forth by OEBB.

A. Members who opt out of insurance coverage will be eligible to receive a $560 per month contribution into Standard Health Reimbursement Arrangement Voluntary Employee's Beneftit Association (HRA VEBA) Trust account.

B. Any OEBB or IRS fees/penalties associated with a member opt out are the responsibility of the Member and will reduce the contribution amount.

Please check the box indication selection for opt-out benefit:

____ I hereby certify and have documentation that supports that I am covered by a group medical plan either my employer-sponsored plan or a plan other than my employer-sponsored. I am eligible to receive contributions to a Standard HRA VEBA plan. I understand that individual coverage purchased on the individual market or through the exchange marketplace does not allow me to receive contributions to the Standard HRA VEBA plan. I will notify my employer if a change in my coverage occurs whereby I am no longer covered by a group medical plan.

Employee: _____ _____
(Print name) (Signature)

Date:_____

Revised 07/30/2024