

**Scappoose School District  
Opt-Out Selection  
Administrator**

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

---

Subject to carrier rules and regulations, and as allowed by law, employees have the option to decline medical insurance and participate in an HRA VEBA plan as follows:

- A. Subject to carrier rules and regulations, and as allowed by law, employees have the option to decline medical insurance and have 50% of the remaining funds go into an HRA VEBA account.

OR

- B. For married couples/domestic partners who are both employed by the District, the District will allocate both employees maximum contribution amounts toward the purchase of one insurance plan. Fifty percent of any remaining funds from the two amounts will go into a Health Reimbursement Account (HRA VEBA). All contributions shall be subject to the rules and regulations of OEGB and the IRS. The District shall not be responsible for amounts above those allowed by law.

Administrators who are married to another District employee may elect either of the options described above.

---

**Please check the box indicating selection for opt-out benefit:**

Option A

Option B

Please attach documentation verifying qualifying tier for benefit, i.e., copy of most recent tax return with SSN and financial information blacked out; copy of marriage or domestic partner certificate; copy of a birth, step, or other dependent children's birth certificates or court decree.

---

Employee: \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

---

*Office use only*

Date received: \_\_\_\_\_

Tier verified: \_\_\_\_\_