

**Scappoose School District  
Confidential Opt Out Form  
Individual or Married**

Proof  
Form  
\_ **MyOEBB**

*Office use only*

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

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Medical Insurance is defined as primary medical insurance plus administrative costs required by the administrating agency.

**Confidential:**

**Individual Opt-Out:** Subject to carrier rules and regulations, and as allowed by law, the employee who opts out of health insurance will receive \$550.00 per month contribution into a Standard Health Reimbursement Arrangement Voluntary Employee's Benefit Association (HRA VEBA) Trust. Any OEBB or IRS fees/penalties associated with a member opting out are the member's responsibility and will reduce the contribution amount.

**Married couples/Domestic partners:** Subject to carrier rules and regulations, and as allowed by law for married/domestic partner couples where both are employed by the District, the District will allocate up to the maximum contribution towards one insurance premium. 50% of any remaining funds from the two amounts will go into an HRA VEBA Account. All contributions shall be subject to rules and regulations of OEBB and the IRS. The district shall not be responsible for amounts above those allowed by law.

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

Elect to receive both employees' maximum contribution towards purchase of one insurance plan with any remaining funds from the two amounts going into a Health Reimbursement Account (HRA).

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

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

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