

PEBB Medical And Dental Enrollment Form
Self Pay Participants
2008 Plan Year Instructions
www.oregon.gov/DAS/PEBB

Complete this form to enroll for medical and dental coverage through the Public Employees' Benefit Board (PEBB) or to make a change in coverage during Open Enrollment.

SECTION A – PARTICIPANT INFORMATION

- Complete each item in this section.
- Continuing participation: check the Open Enrollment box.

SECTION B – MEDICAL AND DENTAL PLAN ELECTIONS (You must have medical to enroll in dental)

- Check the box for the plan(s) you are selecting.
B.1: Medical:
Note: Blind Business Enterprise Participants: medical plan enrollment **only**.
B.2: Dental:

SECTION C – DEPENDENT INFORMATION AND PLAN SELECTION

- Complete each item in this section.
- List all eligible dependents. **Dependents not listed will not be covered.**
- If you are adding an individual by PEBB Affidavit of Domestic Partnership or PEBB Affidavit of Dependency you must submit the appropriate affidavit **within 5 business days** of this enrollment election. If not, coverage for the individual by affidavit will terminate retroactive to the effective date.
- Additional information and forms are available from BenefitHelp Solutions, the PEBB web site, and in the 2008 PEBB Benefits Handbook.

SECTION D – DEPENDENT CHILDREN CERTIFICATION AND MEDICARE INFORMATION

- Check the appropriate box.
D.1: You must certify that your dependent children between the ages of 19 up to 24 continue to meet the PEBB eligibility requirements. **If you do not certify, your dependent's enrollments will not be processed.**
D.2: You must check the appropriate box when adding a Domestic Partner.
D.3: You must attach a copy of the Medicare card for each individual enrolled in Medicare.

SECTION E – PARTICIPANT SIGNATURE AND AUTHORIZATION

- Read this section carefully. Sign and date the form.
- Make a copy for your records and submit to:

BenefitHelp Solutions (BHS)
PO Box 67240
Portland, OR 97268-1240
Portland (503) 765-3581
Toll-free (800) 556-3137

