

**Scappoose School District
Classified Opt-Out
Individual**

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.

Classified:

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

Subject to carrier rules and regulations, and as allowed by law, employees who opt out of health insurance will receive a **\$425** per month benefit as follows:

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.

- Members who opt-out of insurance coverage will be eligible to receive a **\$425** 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 opt out are the responsibility of the member and will reduce the contribution amount.

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

_____ Elect to opt-out and receive a \$425 per month contribution into a Standard Health Reimbursement Arrangement Voluntary Employee's Benefit Association (HRA VEBA) Trust.

Employee: _____
(Print name)

(Signature)

Date: _____