

Retiree Benefits Office



Eligibility to Defer Enrollment in the Multnomah County Retiree Health Insurance Program

By signing below, I understand I may elect to participate in County Retiree medical and/or dental insurance at a later date as long as:

- 1) I remain enrolled in a County-sponsored health insurance plan as a dependent of an active County employee or County retiree, and
- 2) I enroll in County Retiree Health Insurance prior to my insurance coverage ending under the active employee County or active retiree County health insurance plan(s).

Sign Name: _____ Date: _____

Print Name: _____

Return form to:

Multnomah County Retiree Benefits,
501 SE Hawthorne Blvd, Suite 400
Portland, OR 97214

• Fax: 503.988.6257 • retiree.benefits@multco.us