

## Committee Compensation

You are receiving this form because you are a member of an Oregon Health Authority board, committee, or other similar group. **Qualified members** of these groups are entitled to compensation for official duties performed. You are a qualified member if:

- You **are not** in full-time public service; and
- You had an adjusted gross income in the previous tax year:
  - Of less than \$50,000, as reported on an income tax return other than a joint income tax return; or
  - Of less than \$100,000, as reported on a joint income tax return.

If you have questions about whether you are a qualified member, please contact your committee staff.

Non-qualified members may also be eligible for compensation. If you are a member of an OHA board, committee, or other similar group, asking for compensation for participation during 2023/2024:

1. Check the box that applies to you, fill out the form below and **send the form to your committee staff**; or
2. Check the box below that you are declining compensation.
3. If you are asking for compensation and have not previously given a W-9 to OHA, include the W-9 when you turn in your form.

Selection of a check box and submission of this form (Committee Compensation Form) will be considered your electronic signature for the purpose of this document and the W-9 and a legal attestation that you are the individual completing the forms.

The current compensation rate is \$166 per day for qualifying official activities such as attending meetings and reviewing meeting materials. The rate for meeting that took place before 10/1/2023 is \$157.

**Compensation qualifies as income and may impact eligibility for benefits such as the Oregon Health Plan (OHP) or Social Security. You can decline compensation if you are concerned that it will impact your eligibility for benefits.**

## REQUEST FOR COMMITTEE COMPENSATION

Name:

Address:

Email:

Name of board, committee, or workgroup:

OR number (for Workday only): N/a

Vendor number:

*Vendor number will be assigned upon initial receipt of W-9 and serve as your ID number*

Signature or typed name: \_\_\_\_\_

Date of signature: \_\_\_\_\_

I attest that I am a qualified member as that is defined in ORS 292.495(4)(a).

I am not a qualified member as that is defined in ORS 292.495(4)(a), but I am eligible for compensation through my committee.

Date for Compensation	Official Duties Performed
<b>Total Amount Due:</b>	

example

Date for Compensation	Official Duties Performed
January 26, 2024	Attended CSAC Monthly Meeting and reviewed meeting materials

Submit form to: (tamara.bavaro2@oha.oregon.gov)