

Request to Terminate Self-Employed Coverage



As a self-employed person, as defined in ORS 657B.010 (22), you are eligible to request to cancel your Paid Leave Oregon coverage when:

- You have filed a voluntary or involuntary bankruptcy petition.
- You changed your employment status and are no longer eligible.
- You did not earn \$1,000 in net (gross income minus expenses) income from self-employment in the previous tax year.
- Your self-employed Paid Leave Oregon coverage has been in effect at least three years.

You are responsible for all Paid Leave Oregon requirements, including contributions, until the end date.

Once ended, you will no longer be eligible for Paid Leave Oregon benefits as a self-employed person. You may still be eligible for Paid Leave Oregon benefits if you are currently an employee.

Instructions:

- **Fields marked with * are required**
- Please ensure responses are legible
- We will notify you by mail after your application is reviewed
- Complete this form in black or blue ink
- Mail the completed form and required documents to the address on page 3

IDENTIFICATION

*First Name:	*Last Name:
Doing Business As (DBA):	
*Date of Birth (MM/DD/YYYY):	<input type="checkbox"/> Social Security Number (SSN) or <input type="checkbox"/> Individual Tax Identification Number (ITIN)
Drivers License/ State Identification Number: State Drivers License was issued:	*Number: ____ - ____ - ____

CONTACT INFORMATION

Phone Country:	Phone Type (circle one): Home Cell Work Other:
*Phone Number:	Email Address:

PHYSICAL ADDRESS

*Street Line 1:			
Street Line 2:			
Unit Type:	Unit Number:	*City:	
*State:	*Zip:	County:	Attention:

MAILING ADDRESS *(if different from physical address)*

*Street Line 1:			
Street Line 2:			
Unit Type:	Unit Number:	*City:	
*State:	*Zip:	County:	Attention:

TERMINATION REASON AND DOCUMENTATION

Please indicate why you would like to cancel your self-employed Paid Leave Oregon coverage.
Attach the required documentation.

- I have filed a voluntary or involuntary bankruptcy petition.**
You must attach documentation verifying your bankruptcy petition. If approved, your cancellation will be effective on the date the department received your completed request and required documentation.

- I have changed employment status and I am no longer self-employed.**
You must provide documentation verifying and an explanation about your change in employment status.
You must attach documentation showing:
 - Change in employment
 - Contract end date
 - Other documentation showing you are no longer self-employed

- I did not earn \$1,000 in net income from self-employment in the previous tax year.**
You must provide documentation verifying that you did not earn \$1,000 in net income from self-employment in the previous tax year. You are required to attach **your Federal Tax Return (1040) and your Oregon Form OR-40, or Oregon Form OR-40-P.** You must also include all of your schedules.

- I have had coverage for at least three years and I no longer want to have Paid Leave Oregon self-employed coverage.**
No documentation is required.

If approved, your effective date of cancelation will be 30 days from the date the department received your completed request and required documentation.

CERTIFICATION TO TERMINATE SELF-EMPLOYED PAID LEAVE COVERAGE

- I certify under penalty of law that the information I have provided is true and correct to the best of my knowledge and belief. I understand the law provides penalties for making false statements in order to obtain benefits through the Paid Leave Oregon program. (ORS 657B.120)

- I understand self-employed individual elective coverage may only be terminated by me if one or more of the following is true: 1) I have had self-employed elective coverage in effect for at least three years, 2) I file a bankruptcy petition, 3) my employment status changes, or 4) I have not earned at least \$1,000 in net income from self-employment in the preceding tax year.

- I understand that I am required to send a request to terminate my coverage and must provide documentation that is approved by Paid Leave Oregon. (657B.130; OAR 471-070-2170)

- I understand that I must continue to pay contributions until the termination of my self-employed elective coverage that has been approved by the Paid Leave Oregon program.

Executed this _____ day of _____, _____ at _____, _____.

month year city state

Signature:

Date:

Please return this form and the required attachments to:

**Oregon Employment Department
Paid Leave Oregon Self-Employed Application
875 Union St NE
Salem, OR 97311**

NEED HELP?

The Oregon Employment Department (OED) is an equal opportunity agency. Everyone has a right to use OED programs and services. OED provides free help. Some examples are sign language and spoken language interpreters, written materials in other languages, braille, large print, audio and other formats. If you need help, please call 503-370-5800. TTY users call 711. You can also ask for help at paidleave@oregon.gov.