

Declaration of Intent



Introduction:

The purpose of this Declaration of Intent to Obtain Approval of an Equivalent Plan ("Declaration of Intent") is to provide documentation of an employer's intent to provide an approved equivalent plan with an effective date of September 3, 2023.

An approved Declaration of Intent will provide an exemption from the Paid Leave Oregon program for the provision of paid leave benefits under ORS 657B.340 and exemption from the payment of contributions to the Paid Leave program fund during the period following approval of the Declaration of Intent up to no later than the deadline of September 3, 2023 when an approved equivalent plan becomes effective.

If an employer does not submit a completed equivalent plan application by May 31, 2023, the declaration of intent is cancelled and no longer effective. The employer is then responsible for paying all unpaid employer contributions and remitting all unpaid employee contributions that were held in trust for the State of Oregon for periods beginning on or after January 1, 2023, and is subject to penalties and interest. The employer may not collect contributions from employees to pay any penalties or interest imposed due to the employer's failure to make timely contributions.

Step 1: File your Declaration of Intent with the Department

If you have an equivalent plan ready for approval, you do not need to complete a Declaration of Intent and you can submit your Equivalent Plan Application at this time. The submission of a Declaration of Intent does not provide a pre-approval for the equivalent plan, and an employer that does not have an approved equivalent plan in effect on September 3, 2023, will be liable for contributions from January 1, 2023 until an approved plan is in effect. The last day you can file a Declaration of Intent is November 30, 2022.

Step 2: Finalize and submit your equivalent plan application

An Equivalent Plan Application must be completed and submitted to the department by May 31, 2023 in order to meet the approval deadlines for a plan to be effective on September 3, 2023.

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 at the bottom of page 2

SECTION A - CONTACT INFORMATION

Contact information will be used by staff if we have any questions.

*Business Name:	*Federal Employer Identification Number (FEIN): _____ - _____		
*Business Identification Number (BIN):	_____ - _____		
*First Name:	*Last Name:		
*Phone Number:	*Email:		
Physical Address			
Street Line 1:			
Street Line 2:			
Unit Type:	Unit Number:	*City:	
*State:	*Zip:	County:	

Mailing Address (If different from physical address)

*Street Line 1:

Street Line 2:

Unit Type: Unit Number: *City:

*State: *Zip: County:

INTENDED PLAN TYPE (Check one)

Fully Insured Equivalent plan
Fully Insured Equivalent Plan means an equivalent plan in which the employer purchases an insurance policy from an insurance company approved to sell paid leave products by the Oregon Department of Consumer and Business Services (DCBS) Division of Financial Regulation and the benefits related to the plan are administered through the insurance policy.

Employer Administered Equivalent plan
Employer administered plan means an equivalent plan in which the employer offers a private plan where the employer assumes all financial risk associated with the benefits and administration of the equivalent plan, whether it is administered by the employer or a third-party administrator.

CERTIFICATIONS AND DECLARATION

I certify, by submission of this Declaration of Intent, that I intend to provide an equivalent plan application for approval with an effective date of September 3, 2023, and that I shall submit the completed equivalent plan application to the Paid Leave Oregon program on or before May 31, 2023 in order to meet this requirement.

I certify, by submission of this Declaration of Intent, that I acknowledge and understand that if my equivalent plan application is not approved and in effect on September 3, 2023, or, if I fail to submit the equivalent plan application by May 31, 2023, I, the employer, will be liable for all required contributions (including delinquent contributions, penalties and interest) pursuant to ORS 657B.150 (the state paid leave plan contributions for employer and employee), retroactive to January 1, 2023, and that I may not collect retroactive contributions from employees to satisfy this requirement.

I acknowledge that if I intend to offer an employer administered plan, I must provide sufficient proof of solvency with the equivalent plan application, as required.

I have read and acknowledge the laws set forth in ORS chapter 657B and in OAR 471-070-2205 and will follow all current and future requirements in statute, administrative rule, and agency policy for employers offering approved equivalent plans.

I declare under penalty of perjury that the foregoing is true and correct.

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

Name (Printed): Title:

Signature:

Please return this form and the required attachments to:
**Oregon Employment Department
Paid Leave Oregon Equivalent Plan 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 833-854-0166 (toll free). TTY users call 711. You can also ask for help at paidleave@oregon.gov.