

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of:

Case No. INS-25-0033

DYLAN PEREZ;

Respondent.

FINAL ORDER TO CEASE AND
DESIST AND FINAL ORDERS OF
PROBATION AND ASSESSMENT OF
CIVIL PENALTIES, ENTERED BY
CONSENT

The Director of the Department of Consumer and Business Services for the State of Oregon (the “Director”), through the Division of Financial Regulation (the “Division”), investigated the business activities of Dylan Perez (“Perez”) and determined that he violated certain provisions of Oregon Revised Statutes (“ORS”) chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748, and 750 and the rules promulgated thereunder (collectively, the “Insurance Code”).

Perez wishes to settle this matter with the Director.

Now, therefore, as evidenced by the signatures subscribed in this Order, Perez hereby CONSENTS to the entry of this Order upon the Director’s Findings of Fact and Conclusions of Law below.

FINDINGS OF FACT

The Director FINDS that:

1. Perez, a resident of the state of New York, has been licensed in Oregon as a nonresident insurance producer since August 21, 2024. His National Producer Number is 21273734.

2. In or around September 2024, ME, an elderly Oregon consumer, received a telephone call from Medigap Life. ME spoke with Perez, a Medigap Life agent, who convinced her to switch to a different Medicare Advantage plan (“New Medicare Plan”), which started on October 1, 2024.

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1 3. The switch to the New Medicare Plan occurred outside of the standard open
2 enrollment periods, but Perez claimed he was “under the impression [ME] recently moved”
3 and was, therefore, eligible to switch plans under a special enrollment period. ME,
4 however, had lived in the same house since 1981 and had no plans to move.

5 4. During his conversations with ME, Perez did not confirm with ME whether she
6 had moved or was planning to move to a new residence in the near future. Thus, there was
7 no basis for Perez to believe that ME had moved or was moving. Nonetheless, Perez
8 informed ME that he was using “MOV” (moved) as the reason for the special enrollment
9 period, and the enrollment form reflected that.

10 5. ME’s former Medicare plan was a preferred provider organization (“PPO”)
11 plan. The New Medicare Plan, however, was a health maintenance organization (“HMO”)
12 plan. In his conversations with ME, Perez did not explain that while the New Medicare
13 Plan would still allow ME to see providers outside of network and pay for certain covered
14 services, the out-of-network providers must agree to treat her and may deny her care, except
15 in emergency or urgent situations.

16 6. Perez told ME the New Medicare Plan would lower her in-patient hospital costs.
17 However, he did not inform her that the only hospital system covering the county where she
18 resides is out-of-network under the New Medicare Plan and that she would have to use an
19 in-network hospital in a different county that was a slightly shorter distance away. Thus, if
20 ME were to go to a hospital in her county, she could be denied care, except in emergency
21 or urgent situations.

22 7. ME later canceled the New Medicare Plan.

23 8. On or about December 19, 2024, the Division received a complaint against
24 Perez regarding his interactions with ME.

25 9. On January 13, 2025, a Division Investigator, on behalf of the Director, sent
26 Perez an inquiry regarding the complaint. The inquiry included a request for documentation

1 supporting Perez’s belief that he was authorized to contact ME and telephone records of
2 his interactions with ME. The Division Investigator sent the inquiry to Perez’s business
3 and personal email addresses of record. The deadline for a response was on February 10,
4 2025. Perez did not respond by the deadline.

5 10. On February 12, 2025, the Division Investigator sent the same inquiry to
6 Perez’s business address of record via regular and certified United States mail. The inquiry
7 also required Perez to explain why he did not respond to the January email inquiry. The
8 deadline for Perez to respond was on March 12, 2025.

9 11. On February 25, 2025, the Division Investigator received Perez’s response to
10 the January email inquiry. Perez did not explain why the response was late.

11 CONCLUSIONS OF LAW

12 The Director CONCLUDES that:

13 12. The Director has jurisdiction over Perez’s business activities under
14 ORS 731.236.

15 13. By failing to confirm with ME that she had moved or was moving before
16 enrolling her in a New Medicare Plan, as described in paragraphs 3 and 4 of this Order,
17 Perez demonstrated incompetence in the conduct of business in this state or elsewhere, in
18 violation of ORS 744.074(1)(h).

19 14. By failing to inform ME that he was switching her from a PPO plan to an HMO
20 plan, as described in paragraph 5 of this Order, Perez demonstrated incompetence in the
21 conduct of business in this state or elsewhere, in violation of ORS 744.074(1)(h).

22 15. By failing to inform ME that the hospitals in her county were out of network
23 under the New Medicare Plan, as described in paragraph 6, of this Order, Perez
24 demonstrated incompetence in the conduct of business in this state or elsewhere, in
25 violation of ORS 744.074(1)(h).

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1 16. By providing a late response to the Director's January 13 email inquiry, as
2 described in paragraphs 9 to 11 of this Order, Perez violated ORS 731.296.

3 17. ORS 744.074(1)(h) authorizes the Director to place a licensee on probation or
4 take other additional or alternative actions authorized by the Insurance Code for
5 demonstrating incompetence in the conduct of business in this state or elsewhere.

6 18. Because the Director has reason to believe that Perez violated ORS 744.074(1)
7 (h) and ORS 731.296, the Director may, under ORS 731.252(1), order Perez to cease and
8 desist from violating those statutes.

9 19. ORS 731.988(1) authorizes the Director to assess a civil penalty of up to \$1,000
10 per violation of the Insurance Code against Perez, an individual insurance producer.

11 **ORDERS**

12 Now, therefore, the Director issues the following Orders:

13 20. As authorized by ORS 731.252(1), the Director ORDERS Perez to CEASE
14 AND DESIST from violating ORS 744.074(1) (h) and ORS 731.296.

15 21. Pursuant to ORS 744.074(1)(h), the Director places Perez on PROBATION for
16 12 MONTHS, starting on the effective date of this Order. As part of his probation, Perez
17 shall provide the Division, within 90 days of the effective date of this Order, documentation
18 that he has participated in additional training on the following topics:

19 A. The importance of confirming first whether a Medicare beneficiary is eligible
20 for a special enrollment period and what questions to ask to determine the Medicare
21 beneficiary's eligibility;

22 B. Determining whether a health plan is appropriate for a Medicare beneficiary by
23 looking at coverage, costs, provider networks, prescription drugs, additional benefits, and
24 plan ratings; and

25 C. Thoroughly discussing with the Medicare beneficiary the differences between
26 the Medicare beneficiary's current health plan and the proposed new health plan in terms



1 of coverage, costs, provider networks, prescription drugs, additional benefits, and plan
2 ratings.

3 22. As authorized by ORS 731.988(1), the Director ORDERS Perez to pay \$2,500
4 in CIVIL PENALTIES, allocated as follows:

5 A. \$1,000 for violating ORS 744.074(1)(h), as explained in paragraph 13 of this
6 Order;

7 B. \$1,000 for violating ORS 744.074(1)(h), as explained in paragraphs 14 and 15
8 of this Order; and

9 C. \$500 for violating ORS 731.296.

10 23. Along with this Order, Perez shall submit to the Director \$2,500 as payment for
11 the civil penalties.

12 24. This is a “Final Order” under ORS 183.310(6)(b). Subject to this provision,
13 entry of this Order does not limit the Director’s authority to enforce this Order or take
14 action against Perez for violations of this Order or violations not included in this Order that
15 are discovered after the date of this Order.

16
17 SO ORDERED this 17th day of February, 2026.

18 SEAN E. O’DAY, Director
19 Department of Consumer and Business Services

20
21 /s/ Dorothy Bean
22 Dorothy Bean, Chief of Enforcement
23 Division of Financial Regulation

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CONSENT TO ENTRY OF ORDER

I, Dylan Perez, state that I have read the foregoing Order and that I know and fully understand the contents hereof. The factual allegations stated herein are true and correct. I have been advised of my right to a hearing and of the right to be represented by counsel in this matter. I voluntarily consent to the entry of this Order without any force or duress, expressly waiving any right to a hearing in this matter, as well as any rights to administrative or judicial review of this Order. I understand that the Director reserves the right to take further actions against me to enforce this Order or to take appropriate action upon discovery that I have committed other violations of the Insurance Code. I will fully comply with the terms and conditions stated herein.

I understand that this Order is a public document.

/s/ Dylan Perez
Signature

State of New York

County of Nassau

Signed or attested before me by Dylan Michael Perez on this 14 day of January, 2026.

/s/ Flabiola Edouard

Notary Public

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