

**Ventura County Community College District
Human Resources Department**

Declination of Medical, Dental & Vision Insurance Plans

I decline to enroll or I elect to terminate coverage in the Ventura County Community College District's medical, dental and/or vision plans and can provide proof of other coverage upon request.

Check all that apply:

- I am covered under another medical insurance plan
- I am covered under another dental insurance plan
- I am covered under another vision insurance plan

OR

I am **not** covered by the following and I decline to enroll at this time (check all that apply)

- Medical Insurance
- Dental Insurance
- Vision Insurance

I understand that by declining or electing to terminate coverage at this time, I waive my right to enroll/re-enroll. I also understand that if I am still eligible, I may elect to enroll in a medical, dental and/or vision plan during the District's annual open enrollment period.

Once enrolled/re-enrolled in a medical, dental and/or vision plan, my new medical, dental and/or vision coverage will be in effect the following January 1.

Employee Name (please print)

900_____
Employee 900 number

Employee Signature

Classification

Date