



Declination of Dental & Vision Insurance Plans

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

Check all that apply:

☐

I am covered under another vision insurance plan

☐

I am covered under another dental insurance plan

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

☐

Vision insurance

☐

Dental 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 dental and/or vision plan during the District's annual open enrollment period.

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

Employee Name

Classification

Employee Signature

Date