

VCHRP Opt-Out Certification Page User Guide

To update your Medical Opt-Out Information complete the following Steps.

Step 1: Log into VCHRP > Employee Self Service > Click on the “Benefits” tile.

The screenshot displays the 'Employee Self Service' dashboard with a grid of tiles. The 'Benefits' tile is circled in red. The tiles contain the following information:

- Open Enrollment:** Open Enrollment is now open. Your final elections must be submitted by 11:59 PM PST, 11/30/2020. Countdown to Open Enrollment Deadline: Days 28 HH 10 MM 06 SS 55.
- Company Directory:** Icon representing a directory of employees.
- Personal Details:** Icon representing a person and a pencil.
- Benefits:** Icon representing a person, a hand holding a document, a medical cross, and a house. Enrollment Ends 11/30/2020.
- Leave Balances:** Balance Hours 88.66.
- Time Reporting:** Icon representing a person and a clock.
- Payroll:** Icon representing a stack of money. Last Pay Date 10/23/2020.
- Performance:** Icon representing a document with a chart and a person. Next Due Date 05/29/2020.
- Training:** Icon representing a person wearing a graduation cap.
- Talent Profile:** Icon representing a person and a star.
- VCHRP Help/Resources:** Icon representing a person wearing a headset.
- Total Rewards:** Icon representing a pie chart and a stack of coins. Total Reward 2019.

Step 2: Click on the "Opt-Out Certification" tab.

The screenshot shows a web interface for a Benefits Summary. On the left is a vertical navigation menu with the following items: Benefits Summary (highlighted in yellow), Life Events, Benefits Enrollment, Benefit Statements, Affordable Care Act (with a dropdown arrow), and Opt-Out Certification (circled in red). The main content area is titled "Benefits Summary" and includes a date selector for "My Benefits on" set to 11/02/2020, with a "Refresh" button. Below this is a "Benefit Plans" section containing six cards: Medical (Plan: Opt Out, Coverage: Employee Only, 0 Dependents), Vision (Plan: MES Vision, Coverage: Employee + 2 or mo, 2 Dependents), Life (Plan: Basic Life Insurance, Coverage: \$50000), Life and AD and D (Plan: Optional Life - 1x sal, Coverage: Salary X 1), Dependent Life (Plan: Dependent Life Option 2, Coverage: \$10000), and Short-Term Disability (Plan: Wage Supplement P, Coverage: 0.001% of Salary). Each card has a "Review" button at the bottom right.

Step 3-6:

3. Click on the Instructions down arrow, to expand the instructions box. Read through the instructions.
4. Review the Type of Coverage and change selection if needed. If no changes are needed, or you are covered as a dependent of a County employee, proceed to Step 10. However please note, if you are an employee covered under an “External Group Insurance Provider” and this is the first time you are reviewing/updating this page, you will need to upload the front and back of your medical insurance card or provide a signed letter on letterhead as noted in Step 6.
5. “Enter Details of Your Current Coverage.” Make sure to populate all requested fields.
6. Upload the front and back of your medical ID card, or a signed letter on letterhead from the sponsoring employer group. If providing a letter, it should include your medical plan enrollment details (your name, group information, insurance plan info, and effective date of coverage).

The screenshot shows a web interface for 'Opt-Out Certification'. On the left is a navigation menu with items: Benefits Summary, Life Events, Benefits Enrollment, Benefit Statements, Affordable Care Act, and Opt-Out Certification (highlighted). The main content area is titled 'Opt-Out Certification' and includes a sub-section 'Instructions' (circled in red). Below this are sections for 'Select the Type of Your Current Medical Coverage' (with radio buttons for 'External Group Insurance Provider' and 'dependent of a Ventura County Employee'), 'Enter Details of Your Current Coverage' (with various input fields for name, SSN, ZIP, date of birth, etc.), 'Upload Proof of Medical Coverage' (with an 'Upload Document' button), and a certification section with an 'I Agree and Sign' button. Three callout boxes with red arrows point to specific parts of the form: Box 4 points to the 'Instructions' section; Box 5 points to the 'Enter Details of Your Current Coverage' section; Box 6 points to the 'Upload Document' button.

New Window | Help | Personalize

Opt-Out Certification

Instructions

If you opt-out of Ventura County medical insurance, then you must provide the details of the medical plan you are currently insured under. Please provide that information below.

If you have previously opted-out, and have experienced any change in your medical coverage, please update your details below. If you have been asked to reconfirm your details, and nothing has changed, then simply click on the Update Details and then "I Agree and Sign" to let us know nothing has changed.

When entering or updating your information, you must also provide a copy of your current coverage card as proof of your medical insurance. Please upload that proof after filling out your information.

If you have any question contact VCHRP benefits.

Select the Type of Your Current Medical Coverage

I am covered by an External Group Insurance Provider
 I am covered as a dependent of a Ventura County Employee

Details Updated On 11/02/2020

Enter Details of Your Current Coverage

Subscriber's Name: John Doe
Subscriber's SSN: 111-11-1111
Subscriber's ZIP Code: 93003
Subscriber's Date of Birth: 09/09/1979
Relationship To You: Spouse
Sponsoring Employer: Amgen

Subscriber's ID No.: ABCDEFG
Group No.: 11111-11112
Medical Plan Insurance Company: ANTHEM BLUE CROSS HMO
Medical Plan Telephone Number: 800/227-3771
Coverage Effective Date: 10/10/2020

Upload Proof of Medical Coverage

Upload Document

I certify that I have read, understand, and agree to:

I authorize the County of Ventura HR/Benefits to perform any investigation necessary to verify my current enrollment/eligibility for the above-named medical insurance plan, and I attest to the accuracy of the information contained within this form. I further acknowledge that at any time while opting-out of medical coverage, I lose other eligible group medical plan coverage. I will notify County Benefits within 31 days, in order to enroll in an available County medical plan.

I agree to comply with the County's Flexible Benefit Program which includes providing updated proof of other eligible group medical plan coverage and meeting eligibility requirements. Failure to comply with these terms and annual audit may result in collection of retroactive medical premiums and/or repayment of cash back received for any period in which I was not able to demonstrate eligibility.

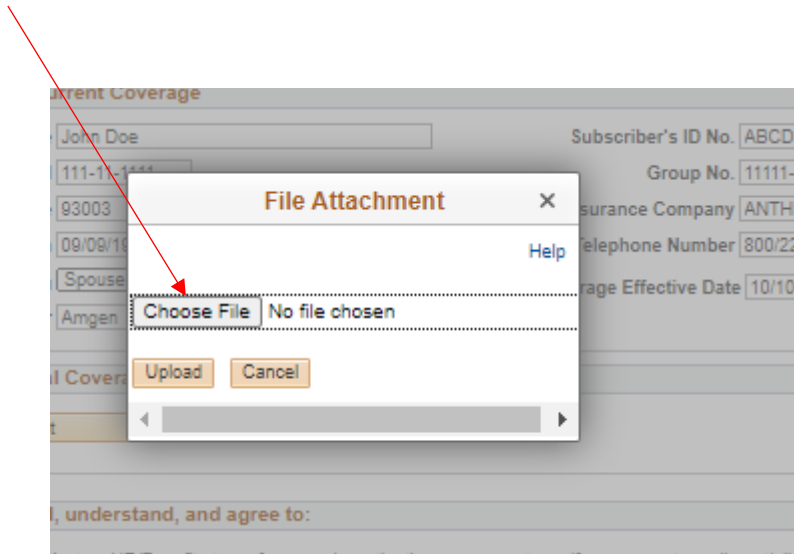
I Agree and Sign

4. Select the type of coverage

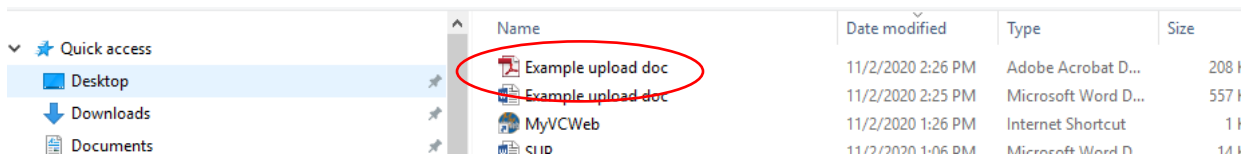
5. Enter any missing Details of your Current Coverage. Complete all fields.

6. Upload front and back of insurance card or signed letter on letterhead from sponsoring group showing plan information, using the "Upload Document" button.

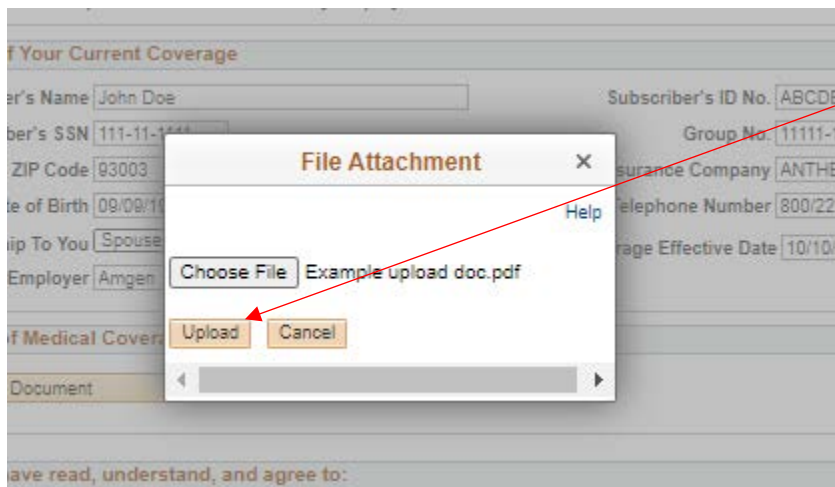
7. Once you click the “Upload Document” button, a window will pop up for you to upload your medical opt-out proof (front and back of medical card or signed letter on letterhead from sponsoring employer group). Click on “Choose File.”



8. Locate your file on your computer, wherever you saved it, and click on it. Double click on the file you want to upload or click to highlight the document and then click “Open.”



9. Once your document’s name shows in the window next to the Choose File button, click “Upload.”



10. Review and click “I Agree and Sign” under the “I certify that I have read, understand, and agree to:” statement.

Opt-Out Certification

Instructions

Select the Type of Your Current Medical Coverage

I am covered by an External Group Insurance Provider
 I am covered as a dependent of a Ventura County Employee

Details Updated On 11/02/2020

Enter Details of Your Current Coverage

Subscriber's Name	John Does	Subscriber's ID No.	W0007000
Subscriber's SSN	555-55-5555	Group No.	ZYXUVW1
Subscriber's ZIP Code	93003	Medical Plan Insurance Company	ANTHEM
Subscriber's Date of Birth	10/10/1973	Medical Plan Telephone Number	888/874-9378
Relationship To You	Self	Coverage Effective Date	10/10/2020
Sponsoring Employer	Amgen		

Upload Proof of Medical Coverage

Example_upload_doc.docx Delete Document

I certify that I have read, understand, and agree to:

I authorize the County of Ventura HR/Benefits to perform any investigation necessary to verify my current enrollment/eligibility for the above-named medical insurance plan, and I attest to the accuracy of the information contained within this form. I further acknowledge that at any time while opting-out of medical coverage, I lose other eligible group medical plan coverage. I will notify County Benefits within 31 days, in order to enroll in an available County medical plan.

I agree to comply with the County's Flexible Benefit Program which includes providing updated proof of other eligible group medical plan coverage and meeting eligibility requirements. Failure to comply with these terms and annual audit may result in collection of retroactive medical premiums and/or repayment of cash back received for any period in which I was not able to demonstrate eligibility.

I Agree and Sign

11. Once you click the “I Agree and Sign” button, you will see the date and time stamp of when you entered your information.

Opt-Out Certification

Instructions

Type of Your Current Medical Coverage

I am covered by an External Group Insurance Provider
 I am covered as a dependent of a Ventura County Employee

Details Updated On 11/02/2020

Details of Your Current Coverage

Subscriber's Name	John Does	Subscriber's ID No.	W0007000
Subscriber's SSN	555-55-5555	Group No.	ZYXUVW1
Subscriber's ZIP Code	93003	Medical Plan Insurance Company	ANTHEM
Subscriber's Date of Birth	10/10/1973	Medical Plan Telephone Number	888/874-9378
Relationship To You	Self	Coverage Effective Date	10/10/2020
Sponsoring Employer	Amgen		

Proof of Medical Coverage

Example_upload_doc.docx

Certification Agreement, Signature, Date and Time

I authorize the County of Ventura HR/Benefits to perform any investigation necessary to verify my current enrollment/eligibility for the above-named medical insurance plan, and I attest to the accuracy of the information contained within this form. I further acknowledge that at any time while opting-out of medical coverage, I lose other eligible group medical plan coverage. I will notify County Benefits within 31 days, in order to enroll in an available County medical plan.

I agree to comply with the County's Flexible Benefit Program which includes providing updated proof of other eligible group medical plan coverage and meeting eligibility requirements. Failure to comply with these terms and annual audit may result in collection of retroactive medical premiums and/or repayment of cash back received for any period in which I was not able to demonstrate eligibility.

Entered and Signed by on Monday, November 2, 2020 at 06:29:19 PM