



Cash-in-Lieu of Health and Welfare Benefits

All cash-in-lieu enrollment paperwork is due by the 5th of the month for benefits to commence the following pay-period. If the 5th lands on a holiday or weekend, the form is due the last working day before the 5th. Eligible Ventura Unified School District active employees who decline medical, dental, and vision benefits and demonstrate proof of qualifying alternative group medical coverage are eligible to receive cash-in-lieu benefits payments for pay periods September through June when they follow the steps below:

Part 1: Decline Medical, Dental, and Vision Coverage by completing the Cash-in-Lieu of Health and Welfare Benefits Form

Part 2: Demonstrate Proof of Alternative Group Medical Coverage

Initial enrollment and annually during Open Enrollment effective January 1st you must demonstrate you have alternative group medical coverage* in order to receive cash-in-lieu benefits by submitting one of the following acceptable forms of proof of coverage:

- A letter of Credible Coverage from your current medical insurance company listing your name and the beginning date of coverage. The letter of Credible Coverage must be dated within the last 12 months
- A copy of your current medical insurance ID card. This card must include your name and a beginning date of coverage within the last 12 months
- A copy of your online proof of medical coverage listing your name as covered under the policy, the name of the medical plan, insurance company, and the beginning date of coverage within the last 12 months
- A signed letter dated within the last 12 months from your spouse/domestic partner's Human Resources or Benefits Department on a company letterhead listing your name, medical coverage, and date coverage commenced

Please submit your coverage to Risk Management/Insurance to Jodie Argueta, Risk Management Specialist through one of the following methods:

- Email at Jodie.argueta@venturausd.org
- Interoffice (brown) mail: ESC-Risk Management/Insurance att: Jodie Argueta
- USPS: Ventura Unified School District 255 W Stanley Ave, Suite 100 Ventura, Ca 93001

Once Risk Management/Insurance receives your documentation you will receive confirmation via the listed contact information on your Cash-in-Lieu enrollment form that your proof of alternative group medical coverage has been accepted and commencement of your cash-in-lieu benefits on the next open regular pay cycle. No retro payments will be given if the submission deadline is missed. Please see the VUSD Risk Management Cash-in-Lieu FAQs for additional details.

If you have any questions feel free to reach out to Jodie Argueta, Risk Management Specialist at 805-641-5000 x 1242 or email at Jodie.argueta@venturausd.org

Please note per ACA guidelines, alternative group medical coverage must NOT be coverage in the individual market: COBRA, TRICARE, Veterans Affairs health benefits, Medicare, Medi-Cal or Covered California



Cash-in-Lieu of Health and Welfare Benefits Enrollment Form

Return this form along with your verification of your alternative qualifying group coverage to
Jodie Argueta at ESC Risk Management/Insurance Department

Employee Name: _____ Employee ID# _____
(Print first, middle initial, last)

Email address to be used for confirmation of enrollment in Cash-in-Lieu. _____
You may use a private or VUSD email address. If no email address is listed, you will receive a written confirmation via
USPS to your home mailing address on file with Human Resources.

Please read each statement carefully and initial next to each statement

_____ I decline Ventura Unified School District Group Medical, Dental, and Vision Plan Enrollment and I meet the
eligibility guidelines for cash-in-lieu benefits.

_____ I affirm that I am covered by qualifying alternative group medical coverage. This coverage IS NOT on the
individual market, including COBRA, TRICARE, Veterans Affairs health benefits, Medicare, Medi-Cal or Covered
California*.

_____ I understand cash-in-lieu is a taxable benefit in-lieu of individual participation in Ventura Unified School District
Group Medical, Dental, and Vision Plans.

_____ I understand cash-in-lieu benefits are paid out in 10 equal payments commencing September through June of each
year. Cash-in-Lieu is not subject to retro payments and if I separate employment, retire, enter the 39-month re-hire list,
or take an unpaid leave of absence, I am not owed any future payments for the remaining months.

_____ I understand if I opt into VUSD medical, and/or dental, and/or vision my cash-in-lieu benefits will cease the pay
period before my health and welfare benefits commence.

_____ I understand each year during Open Enrollment I must re-enroll in cash-in-lieu benefits and demonstrate I have
alternative group medical coverage* . If I do not re-enroll in cash-in-lieu during Open Enrollment, my cash-in-lieu
benefits will cease effective January 1st and I, including any eligible dependents, will not be automatically enrolled in
Ventura Unified School District Health and Welfare Benefits. In order to enroll in health and welfare benefits through
Ventura Unified School District I must complete the enrollment process and adhere to the Open Enrollment and/or
Special Enrollment deadlines.

I verify the above is true and correct. I understand I am opting out of all health and welfare benefits and may not opt
back into health and welfare benefits until Open Enrollment or if I qualify for a Special Enrollment.

Employee Signature

Date