

VSP Election Form
Oxnard Union High School District



Employee Information:

Name: _____ **SS#:** ____/____/____ **Date of Birth:** _____

Check one of the following:

NEW ENROLLMENT Effective Date: _____
CHANGE TO EXISTING ENROLLMENT Effective Date: _____

Coverage election:

BASE PLAN
BUY-UP PLAN (\$11.35 per paycheck deduction)

Employee Only _____ **Employee + One Dependent** _____ **Family** _____

* If you are electing coverage for one dependent or family, please complete Dependent Information.

Dependent Information:

Spouse/ Partner Last _____ First _____ Date of Birth: ____/____/____ Gender _____

Child 1: Last _____ First _____ Date of Birth: ____/____/____ Gender _____

Child 2: Last _____ First _____ Date of Birth: ____/____/____ Gender _____

Child 3: Last _____ First _____ Date of Birth: ____/____/____ Gender _____

Child 4: Last _____ First _____ Date of Birth: ____/____/____ Gender _____

Employee Signature _____ **Date:** _____