OXNARD UNION HIGH SCHOOL DISTRICT

Creating Prosperity through Equity, Inquiry, and Wellness

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

Return this form along with your verification of your alternative qualifying group coverage to:
Sarah VanSomeren, Insurance Specialist at the District Office

This form is due by November 6, 2026 for the 2027 Plan Year

Name: _____ Employee ID#_____
Last Name, First Name, Middle Initial

- **Please read each statement carefully and check the box next to each statement**
- **Please see OUHSD Cash-in-Lieu of Health Benefits FAQ for additional information**

SELECT ALL THAT APPLY:

☐ I decline Oxnard Union High School District Group Medical 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 Oxnard Union High School District Group Medical Plans

☐ I understand cash-in-lieu benefits are paid out in 2 equal payments, the first in February and the second in August. 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 before the first or second payment, I will not be owed any future payments for the remaining plan year

☐ I understand if I opt into an OUHSD medical plan due to a qualifying life event, my cash-in-lieu benefits will cease and the payment amount owed will be prorated

☐ 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 Oxnard Union High School District Health Benefits. In order to enroll in health benefits through Oxnard Union High School District, I must complete the enrollment process and adhere to the Open Enrollment and/or Special Enrollment deadlines.

If you are waiving medical coverage because you are covered under a spouse or parent's plan with the District, please provide the information below:
Employee Name: _____
Employee ID #: _____

I verify the above is true and correct. I understand I am opting out of health benefits and may not opt back into health benefits until the next Open Enrollment period and/or Special Enrollment Deadlines.

Employee Signature _____ Date_____