

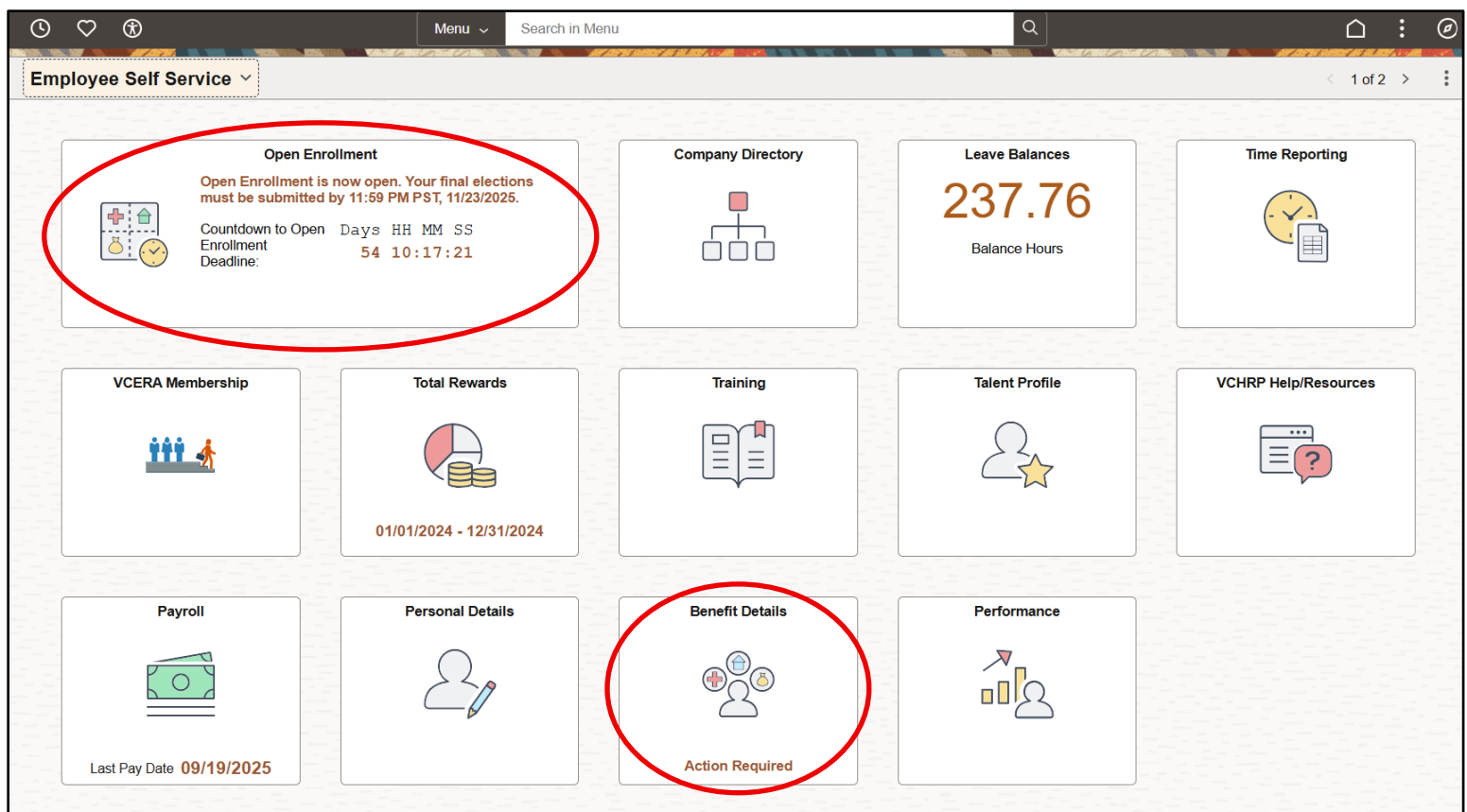
2026 VCHRP Open Enrollment User Guide

Read this guide in its entirety if you have any questions about completing open enrollment.

Note: If you do not need to make any medical, dental or vision changes and do NOT want to be enrolled in any Flexible Spending Accounts (FSAs) for the 2026 plan year, no action is required. FSA's do not rollover from year-to-year.

Once Open Enrollment begins, your tile will become accessible and display a countdown indicating the time remaining until the close of the enrollment period. To ensure your elections or changes are valid for the 2026 plan year, all updates must be completed during the Open Enrollment window and submitted using the “Submit” button. Please note that the red “Action Required” message on the Benefit Details tile simply signifies that you have an open life event—your Open Enrollment. This message will remain visible until the enrollment period officially ends.

Click the *Open Enrollment* tile to begin your event.



Welcome Screen- Employees are responsible for reading and understanding the Welcome screen presented at the start of their Open Enrollment event. This screen contains important information regarding the enrollment process and any applicable changes. Failure to properly complete Open Enrollment may result in the loss of any intended benefit updates or elections for the upcoming plan year.

×

Exit

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

Next >

Welcome

● Visited

Review/Update Personal Information

○ Not Started

Acknowledgement

○ Not Started

Benefits Enrollment

○ Not Started

Welcome

!!!ATTENTION- PLEASE READ BEFORE PROCEEDING TO THE NEXT PAGE!!!

Employees are responsible for the information below.

Open Enrollment is November 1-23rd.

Please plan accordingly. VCHRP will be closed for Payroll Processing as follows:

Nov. 10th - 9-10:00 am

Nov. 12th 11:45 am - Nov. 13th at 7:00 am

Nov. 21st - 9-10:00 am

*Times are approximate

Open enrollment is your annual opportunity to modify your benefit choices.

Adding Dependents? If you are adding a dependent NOT currently enrolled in one of your health plans during this Open Enrollment Period, you must send proof of dependent documentation to County Benefits as soon as you submit your enrollment in VCHRP. (e-mail Benefits.ServiceRep@venturacounty.gov or fax (805) 654-2665).

- Acceptable documentation includes a copy of the marriage/birth certificate (depending on dependent type-spouse=Marriage Cert; child=Birth Cert.) or the first page of your most recent Federal tax return (with financial data redacted) showing them as a joint filer or dependent.
- Please include your employee ID and name in the subject line of the e-mail and on all supporting documentation.
- Dependents will be dropped as if never enrolled if proper dependent documentation is not received by the close of the Open Enrollment period.

Flexible Spending Accounts- You must make a new election annually. Your enrollment does NOT roll over from year-to-year per IRS requirements.

"WAIVE" under Medical Plan Options vs. Opt-Out- "Waive" under the medical plan options is not the same as Medical Opt-Out. If you elect "Waive" under medical, you are waiving participation in the County's entire Flexible Benefit Program. This means you will not be able to enroll in any plans (medical, dental, vision or Flexible Spending Accounts) mid-year for any reason, including loss of outside coverage. This ALSO means you will NOT receive any Opt-Out Allowance or Flexible Credit Allowance if eligible. Most employees mean to Opt-Out of Medical, rather than waive under medical elections.

Medical Opt-Out- If you are a new medical Opt-Out, your eligible outside group coverage must BEGIN on or before 12/21/25. If this is not the case, (exp. outside medical begins 01/01/26) DO NOT enroll in medical opt-out in this open enrollment event. Instead, contact your HR Department Rep to complete a mid-year change for medical opt-out. Note: If this is your situation, you can still elect a medical option other than opt-out, add or drop dependents from plans, add or drop dental and vision plans, and enroll in FSAs during open enrollment.

- All medical Opt-Outs must complete an initial and subsequent annual medical information certification process by the close of open enrollment each year. You will receive an email with information and a link.

Important- You must click the "Submit" button to submit your elections! Any changes made without completing this step will not be communicated to Benefits and will not be processed when open enrollment closes. Review your Submitted Enrollment Statement, which will pop up to view after you complete this step. You can make as many changes and submissions as needed during open enrollment; however, you MUST click the "Submit" button AND review your Submitted Enrollment statement each time for accuracy of your latest submission.

For additional information about Open Enrollment, including detailed information about benefits available to you and a VCHRP Open Enrollment User Guide with step-by-step instructions about completing this online open enrollment process, visit the open enrollment benefits webpage: <https://hr.venturacounty.gov/benefits/py2026>.

Click the "Next" button above to proceed to the next step.

Home and Mailing Address- During Open Enrollment, employees should carefully review their Home and Mailing Address information and make any necessary updates. After reviewing, click the “Next” button to proceed to the Contact Information page. If you need to change your address while Open Enrollment is active, it is important to update both in this open enrollment event & Self-Service > Benefit Details > Addresses. Changes made in the Self Service Addresses tile during open enrollment, but not reflected here, will revert to the outdated information listed in the Open Enrollment event once the enrollment period closes.

✕ Exit

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

< Previous

Next >

Welcome

Visited

Review/Update Personal Information

Visited

Home and Mailing Address

Complete

Contact Information

Not Started

Acknowledgement

Not Started

Benefits Enrollment

Not Started

Review/Update Personal Information - Home and Mailing Address

Home Address

100 Test St
Ventura, CA 93003

Current

>

Mailing Address

PO Box Test
Ventura, CA 93006

Current

>

Contact Information Page- Review and make any needed changes. Click the “Next” button to proceed to the Acknowledgement page. The same thing applies to contact information as addresses above. If you need to change this information to be effective during the Open Enrollment period, you should change both outside the Open Enrollment event in VCHRP Employee Self Service > Personal Details > Contact Details , as well as in this open enrollment event (page shown below).

✕ Exit

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

< Previous

Next >

● Visited

Welcome

▲

Review/Update Personal Information

✔ Complete

✔ Complete

Home and Mailing Address

✔ Complete

Contact Information

✖ Not Started

Acknowledgement

○ Not Started

Benefits Enrollment

Review/Update Personal Information - Contact Information

Phone

+

Number	Extension	Type	Preferred	
805/111-1111		Mobile	✔	>
805/999-9999		Home		>

Email

+

Email Address	Type	Preferred	
test-@ventura.org	Work	✔	>
test-@hotmail.com	Home		>

Acknowledgement Page- To proceed, carefully read the information provided on this page and acknowledge your understanding by checking the “I Agree” box. Then, click the “Save” button. This action will activate the “Next” button at the top of the page, allowing you to continue. Once both the “I Agree” and “Save” boxes are selected, your User ID, name, and a date stamp will appear in the “Updated By” section as confirmation. After completing this step, allow a moment for the “Next” button to populate. If it does not appear, exit the Open Enrollment event and re-open it to continue with your elections and enrollments. You may then proceed to the “Benefits Enrollment” page.

×

Exit

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

< Previous

Next >

Save

Welcome

Visited

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Not Started

Acknowledgement

By checking "I Agree" below, I confirm that all the information I provide is complete and accurate, and that any listed dependents meet the eligibility requirements for the selected plan(s). I authorize the County of Ventura (COV) HR/Benefits to verify eligibility for myself and/or my dependents. I understand that any false, misleading, or omitted information may result in loss of coverage, denial of benefits, and/or disciplinary action. I further acknowledge and agree that:

- I have access to the Benefit Plans Handbook and have reviewed the plans I'm enrolling in. I understand I can visit <https://hr.ventura.org/benefits> anytime for benefits, eligibility, deadlines, and enrollment information.
- If a New Hire or Rehire, I have received the New Hire Checklist and reviewed the Benefit Plans Handbook, including Flexible, Automatic, and Optional Benefits.
- If I choose to waive medical coverage, I understand I forfeit all Flexible Benefit Program plans and allowances which include Medical, Dental, Vision and Flexible Spending Accounts, until the next plan year Open Enrollment for which I submit an enrollment.
- I must submit any enrollment changes before the deadline and confirm their accuracy using the Preview or Submitted Enrollment Statement, available at VCHRP > Employee Self Service > Benefit Details > Benefit Statements. Unsubmitted or incorrect enrollments will not be processed.
- My coverage choices cannot be changed until the next open enrollment unless I experience a qualifying life event as defined by the IRS (see Benefit Plans Handbook, Chapter 1).
- I am responsible for submitting mid-year changes within 60 days of a qualifying life event, including the event date (e.g., birth, adoption, marriage, divorce, or gain/loss of coverage). See the Benefit Plans Handbook, Chapter 1 at <https://hr.ventura.org/benefits>.
- I will review my paystub and VCHRP to confirm my enrollments and deductions are correct. If I don't report any errors within 30 days of their first appearance, I accept the listed benefits. An error is defined as a discrepancy from your paystub, not from your Open Enrollment or mid-year event confirmation statements. If Benefits determines you are ineligible for a submitted benefit, that decision overrides any enrollment or confirmation statements.
- I understand I must follow the instructions on the Welcome page, including how to submit my enrollment and submit any required documentation to enroll dependents.
- Open Enrollment confirmation statements are available each year by December 15th after the close of open enrollment at Employee Self Service > Benefit Details > Benefits Statements.
- I authorize the Auditor-Controller to adjust payroll deductions, including retroactive changes, to correct any premium errors. I will immediately notify the County if I or my dependents become ineligible, and I understand coverage will be retroactively terminated to the date of ineligibility.
- COV policy requires eligible employees to stay enrolled in an approved group medical plan. If I opt out and lose outside coverage, I must notify County Benefits immediately and enroll to avoid a coverage gap. If I do not notify COV in a timely manner, I understand I will be retroactively enrolled in Employee Only Medical coverage, as outlined in the Benefit Plans Handbook ("Loss of Other Health Insurance," page L-2). I also understand that if I submit enrollment after losing outside group coverage, my dependents can only be added prospectively based on processing timelines. If I miss the deadline, I will be defaulted into a medical plan, but my dependents will not be eligible for mid-year enrollment.
- My pre-tax pay will be reduced by the required contributions for my elected coverage(s) (after applying flexible credit amounts as listed on the COV Benefits website with the Benefit Plans Handbook). Any unused flexible credits will be taxed and paid to me as "Cash Back."
- My dependents and I are subject to the terms and conditions of the plans I am enrolling in.
- I understand I should not remove a spouse or their dependents from coverage in anticipation of or during a divorce. If removal is necessary, I will first obtain court permission. I must notify COV Benefits of any changes related to a spouse or dependents during a divorce, including during open enrollment.
- The plan administrator and healthcare providers are authorized to share medical information with appropriate parties as needed to deliver care, manage services, or process claims for me and my enrolled dependents.
- If a dispute arises over coverage under a plan, the dispute or claim will be resolved through the grievance and/or binding arbitration process as specified by the plan, and not through a lawsuit, except as provided by California law.

I Agree

Updated By

User ID

Name

Date/Time Stamp 09/30/2025 4:26:35PM

Benefits Enrollment Page- This page allows you to make your Open Enrollment election changes. Benefit Plans are displayed in tile format by default when the page opens, providing a visual overview of available options. If you prefer a more streamlined layout, you can switch to the list view by clicking the icons located beneath the “Benefit Plans” section. This flexibility ensures you can navigate and review your benefit options in the format that works best for you.

Exit

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

Welcome

Visited

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Visited

Benefits Enrollment

* Indicates required field

This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. If the "Contact Information/Resources" panel on the right side of this screen is overlapping your benefit options, you may click on the small blue tab to close this panel.

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

Enrollment Summary

Your Pay Period Cost

\$10.15

Status

Pending Review

Excess Credit

Cash

Full Cost

\$519.15

General Credits

\$0.00

Plan Credits

\$-509.00

Submit

Vision

Dental

Benefit Plans

Medical

Dental

Vision

Contact Information

Phone

805/654-2570

Email

Benefits.ServiceRep@ventura.org

Address

800 S Victoria Ave #1970
Ventura, CA 93009-1970

Resources

County Benefits Website

Page 6 of 15

Adding Dependents- To review or make changes to your benefits, click on each Benefit Plan Type individually. If you wish to add new dependent information, you may do so within the medical, dental, or vision plan sections. However, to successfully add or remove dependents, you must access and elect enrollment in each specific plan type by checking or unchecking the box next to each dependent's name. Simply entering dependent information without selecting enrollment will not enroll them in any plan.

All newly added dependents must be verified by CEO/HR-Benefits. For new Dependents, you must provide proof using the Upload Dependent Proof instructions section of this user guide.

Click Done after you have selected your plan and have enrolled any dependents.

Cancel

Medical

Done

Prior to selecting a new plan, please be sure to compare plans, providers, benefits, and co-payments, as well as premiums. You may compare plans by clicking on the "Overview of All Plans" button below or reviewing Chapter 2 of the Benefit Plans Handbook.

Enroll Your Dependents

Dependents that the employee has registered are listed here. To enroll a dependent on this plan type, place a check in the box next to their name. To add a new dependent that is not listed here, click on the Add/Update Dependent button below.

Dependent(s)	Relationship
☒	Spouse
☒	Child

Add/Update Dependent

Resources

- VC Health Care Plan
- County Benefits Website
- Blue Shield of CA

Enroll in Your Plan

The cost showing is based on the number of dependents enrolled (those that are checked above). To see the cost of other coverage options, select the help icon next to each plan option or select the "Overview of All Plans" button below. Please note: Plans that do not offer coverage for dependents are not available to select if you have dependents enrolled above.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Pay Period Cost
Select Waive	Proof Required					\$0.00
Select VC Health Care Plan	i	\$1362.70		\$983.00		\$379.70
Select BlueShield HMO Trio	i	\$981.27		\$983.00		\$-1.73
✓ BlueShield HMO Access+	i	\$1282.28		\$983.00		\$299.28
Select BlueShield High-Deductible PPO	i	\$1492.38		\$983.00		\$509.38
Select Opt Out	i					\$0.00

Overview of All Plans

Select Primary Care Provider

Enrollment in this plan requires you to select a primary care provider (PCP). To select your PCP, click on the magnifying glass below. You must also indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. If you need help selecting a PCP, the "Primary Care Provider List" link below will take you to the insurance carrier's website so you can view a current list of providers.

Please note: If you are already enrolled in this plan and wish to choose a new PCP, please contact your insurance carrier directly as changing your PCP here will not change it through the carrier. This PCP selection process is only for those who are newly enrolling in a plan.

Your Primary Care Provider ID

100107810021

Q

I have visited this provider before

☒

PCP Elections!!! Important Please Read: When selecting an HMO plan on the medical page, the system will require you to enter a Primary Care Physician (PCP) for yourself and each covered dependent. Even if you're staying on your current plan but explore other options, these fields must be completed before you can proceed. However, PCP information entered will only be transmitted to the medical provider if you are changing plans or adding a new dependent. For example, if you are enrolled in Blue Shield Trio and click on Blue Shield Access+ but ultimately remain with Trio, the PCP details you entered will not be sent. If you switch from Blue Shield Trio to Blue Shield Access+ or VCHCP, your PCP selections will be transmitted to the new plan. Similarly, if you add a new dependent to your existing VCHCP plan, only that dependent's PCP information will be sent—existing members' PCPs will not be updated. To change a PCP for yourself or any dependent outside of a plan change or new enrollment, you must contact the medical plan directly; PCP-only updates cannot be made through this system.

Medical Opt-Out- If you are opting out of medical coverage during Open Enrollment, you must verify your eligibility by providing documentation of your outside group plan. Once you make your medical opt-out election, you will receive an email with instructions to complete the medical opt-out certification in VCHRP and upload the required documentation. It is important to follow the steps outlined in the email promptly, as failure to do so may result in continued enrollment in your current medical plan. For new medical opt-out participants, **your outside coverage must begin on or before December 21, 2025**, to qualify for opt-out during Open Enrollment. If your outside coverage does not meet this requirement, do not elect medical opt-out during Open Enrollment. You will be defaulted back into your current medical plan and coverage level. Instead, contact your Department HR Representative to initiate a mid-year election change.

- Medical “Opt-Out” is not the same as selecting “Waive” under the medical plans section of Open Enrollment. Choosing “Waive” means you are declining participation in the County’s Flexible Benefit Program, and if eligible, you will not receive any Flex Credit or Opt-Out Allowance. Be sure to make your medical enrollment selections carefully. If you have any questions, reach out to your Department HR Representative for guidance.

Dental and Vision Plans – If you do not wish to participate in County-sponsored dental or vision options, the correct selection is “Waive.”

Flexible Spending Accounts – To enroll in Health Care or Dependent Care Flexible Spending Accounts, you must make a new election each year during Open Enrollment. These elections do not carry over year-to-year.

Health Savings Account – Enrollment in a Health Savings Account (HSA) does carry over annually, as long as you remain enrolled in an eligible HDHP PPO plan. You may also choose to enroll or make changes to your HSA at any time during the year. Only employees enrolled in an HSA are eligible to enroll in a Limited Purpose HealthCare FSA. If you wish to enroll in a Limited Purpose HealthCare FSA, you must elect it each year during Open Enrollment, as it does not roll over. Since HSAs offer greater flexibility than FSAs, it is recommended that you maximize your HSA contributions before considering enrollment in a Limited Purpose HealthCare FSA.

SUBMITT YOUR ENROLLMENT- Once you've made any enrollment or election changes during Open Enrollment, you must click the black "Submit" button to ensure your changes are processed. If you do not complete this step, any pending updates will not be saved and will be lost once Open Enrollment closes. Think of it like placing items in your Amazon cart but never completing the purchase—after the deadline, those options are no longer available to you.

You may revise your Open Enrollment elections as many times as needed during the enrollment period. However, each time you make a change, you must click the black “Submit” button again to confirm and save your updates. If you fail to do so, those changes will not be applied to your 2026 plan year elections and will be discarded once Open Enrollment ends.

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

Welcome

Visited

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Visited

Benefits Enrollment

* Indicates required field

This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. If the "Contact Information/Resources" panel on the right side of this screen is overlapping your benefit options, you may click on the small blue tab to close this panel.

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

Enrollment Summary

Your Pay Period Cost \$496.76

Status Pending Review

Excess Credit Cash

Submit

Full Cost \$1,479.76

General Credits \$0.00

Plan Credits \$-983.00

FSA Health

V...

De...

Medical

Benefit Plans

Medical

Current BlueShield HMO Access+

New BlueShield HMO Access+

Status Changed

2 Dependents

Pay Period Cost \$299.28

Review

Dental

Current MetLife Dental PPO

New MetLife Dental PPO

Status Changed

2 Dependents

Pay Period Cost \$67.24

Review

Vision

Current EyeMed Vision

New EyeMed Vision

Status Changed

2 Dependents

Pay Period Cost \$5.24

Review

Flex Spending Health Care

Current No Coverage

New Health Care FSA \$3,000

Status Changed

Pay Period Cost \$125.00

Review

Flex Spending Dependent Care

Current No Coverage

New No Coverage

Status Visited

Pay Period Cost \$0.00

Review

Health Savings Account

Current Waive

New Waive

Status Visited

Pay Period Cost \$0.00

Review

Contact Information

Phone

805/654-2570

Email

Benefits.ServiceRep@ventura.org

Address

800 S Victoria Ave #1970
Ventura, CA 93009-1970

Resources

County Benefits Website

After clicking the “Submit” button, a benefits Alert message will immediately pop up. Select View to review your Elections

Preview Statement. Your statement will open in a separate web browser window. Take a moment to verify that your submitted changes reflect your intended elections. If they do not, simply repeat the process until your selections are correct. Select Done to return to the Benefits Enrollment event summary page.

Welcome

Visited

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Visited

Benefits Enrollment

This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. If the "Contact Information/Resources" panel on the right side of this screen is overlapping your benefit options, you may click on the small blue tab to close this panel.

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

Enrollment Summary

Your Pay Period Cost \$496.76

Status Pending Review

Excess Credit Cash

Submit

Full Cost \$1,479.76

General Credits \$0.00

Plan Credits \$-983.00

FSA Health

V...

De...

Medical

Benefit Plans

Medical

Current BlueShield HMO Access+

New BlueShield HMO Access+

Status Changed

2 Dependents

Pay Period Cost \$299.28

Review

Medical

Current EyeMed Vision

New EyeMed Vision

Status Changed

2 Dependents

Pay Period Cost \$67.24

Review

Medical

Current EyeMed Vision

New EyeMed Vision

Status Changed

2 Dependents

Pay Period Cost \$5.24

Review

Contact Information

Phone 805/654-2570

Email Benefits.ServiceRep@ventura.org

Address 800 S Victoria Ave #1970 Ventura, CA 93009-1970

Resources

County Benefits Website

Done

Benefits Alerts

View

Instructions

Your benefit choices have been successfully submitted to County Benefits.

Select "View" to review your Election Preview statement.

Select "Done" to return to the Benefits Enrollment Summary.

You can also locate the Election Preview statement of your latest Open Enrollment benefits elections submitted in VCHRP by navigating to Employee Self-Service, Benefits Details, Benefits Statements.

Congratulations! You have successfully submitted your Open Enrollment event for the year. You may now select Exit to return to the Employee Self Service home page. You will receive a warning message requiring you to confirm that you wish to exit and reminding you that you must click the Submit button for your elections to be transmitted to CEO- Benefits.

Exit

Open Enrollment

Enrollment Period 9/23/2025 - 11/23/2025

Previous

Welcome

Visited

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Complete

Benefits Enrollment

This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. If the "Contact Information/Resources" panel on the right side of this screen is overlapping your benefit options, you may click on the small blue tab to close this panel.

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

Enrollment Summary

Your Pay Period Cost \$496.76

Status Submitted 09/30/2025 5:02PM

Excess Credit Cash

Submit

Full Cost \$1,479.76

General Credits \$0.00

Plan Credits \$-983.00

FSA Health

V...

De...

Medical

Contact Information

Phone 805/654-2570

Email Benefits.ServiceRep@ventura.org

Address 800 S Victoria Ave #1970 Ventura, CA 93009-1970

Resources

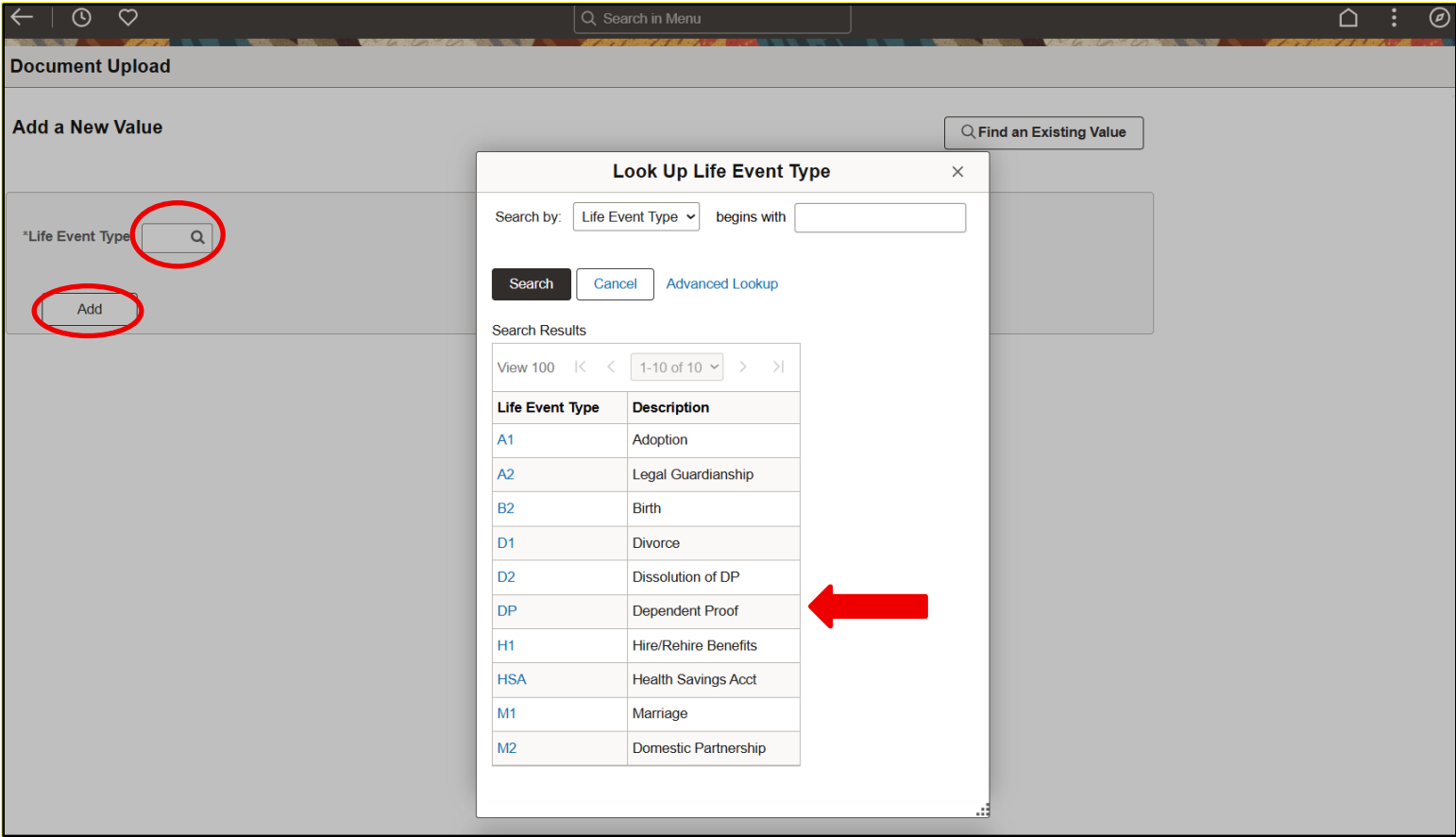
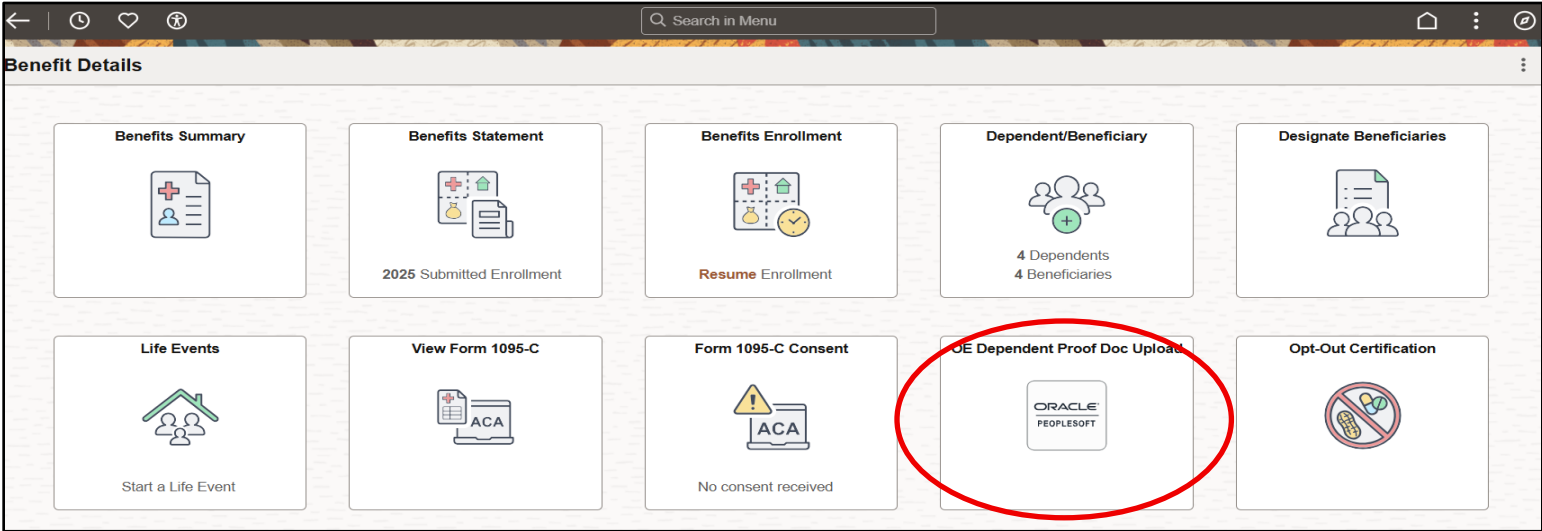
County Benefits Website

If required, proceed with the next steps to upload proof for newly enrolled dependents.

Uploading Dependent Proof- Once you have completed and submitted your enrollment, you must upload dependent proof

Page 10 of 15

(marriage cert, birth cert, adoption decree, most recent year's Federal tax return). After you have submitted your enrollment, reviewed your preview statement for accuracy, and have clicked the Exit button, you will be returned to the Employee Self Service home page. **Click on the *Benefit Details* tile and then click the *OE Dependent Proof Doc Upload* tile.**



On the Document Upload page, click the magnifying glass icon and select the **Life Event Type for DP – Dependent Proof.** The event type of DP will be populated into the field for you. **Now, click on Add.**

Maintain Attachments

Life Events - Document Upload

Instructions

Click the "Add Attachment" button below to see what documents, if any, are required to be uploaded to proceed with benefit changes for this life event. If you are adding a dependent, you will be required to upload either a copy of the marriage/birth certificate OR a copy of the first page of your last tax return (you may redact any financial information).

Life Event Documents

Select a document

Proof of Dependent Status

VC_DEPENDENT_PROC

Proof of Dependent Status

Add Attachment

Add Note

Go To [Document Uploading](#)

On the Life Events – Document upload window that pops up, **click the Add Attachment option.**

Maintain Attachments

Document Definition - New Attachment

Instructions

Click the "Add Attachment" button below, upload the document(s), and click Save.

Selection Criteria

Select a document

VC_DEPENDENT_PROOF

Sequence

0

Created

10/07/25 10:27AM

Last Updated

10/07/25 10:27AM

Subject

Proof of Dependent Status

Attachment

Add Attachment

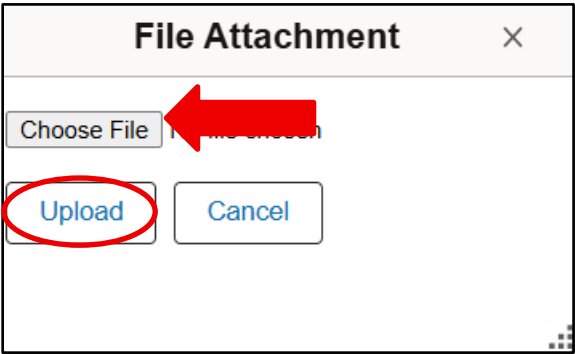
Save

Go To [Life Events - Document Upload](#)

On the Document Definition – New Attachment window, **click on Add Attachment.**

Page 12 of 15

A File Attachment window will pop up and you need to choose the file you want to submit as proof and click the *Upload* button.



You will be returned to the Document Definition – New Attachment window. Check that your attachment was uploaded by verifying your document name is reflected in the Attachment field and click the Save button. You must click save for the document proof to be sent to CEO/HR – Benefits for review and approval. **If this step is not followed, your dependents may not be verified and enrolled in the plans you elected.**

Maintain Attachments

Document Definition - New Attachment

Instructions

Click the "Add Attachment" button below, upload the document(s), and click Save.

Selection Criteria

Select a documentVC_DEPENDENT_PROOF

Sequence1

Created10/07/25 11:12AM

Last Updated10/07/25 11:12AM

SubjectProof of Dependent Status

AttachmentBirth_Certificate.pdf

View Attachment

Save

Go To

Life Events - Document Upload

Page 13 of 15

The Life Events – Document Upload pop up window will be displayed with your attachment details including the date and time submitted. If you do not see the below screen, your proof was not submitted to CEO/HR – Benefits and you must re-upload the proof. Click the X in the upper right corner of the pop up to exit.

Maintain Attachments

Life Events - Document Upload

Instructions

Click the "Add Attachment" button below to see what documents, if any, are required to be uploaded to proceed with benefit changes for this life event. If you are adding a dependent, you will be required to upload either a copy of the marriage/birth certificate OR a copy of the first page of your last tax return (you may redact any financial information).

Life Event Documents

Select a document

Proof of Dependent Status

VC_DEPENDENT_PROC

Add Attachment

Add Note

Attachments

1-1 of 1

Select	Sequence	Created	Author	Entry ID	Subject	Status
☐	1	10/07/2025 11:12AM		Proof of Dependent Status	Proof of Dependent Status	Active

Select All

Deselect All

Delete

Go To [Document Uploading](#)

You will be returned to the Document Upload page, which will be blank. To return to the Employee Self-Service homepage, click the back arrow in the upper left corner of the page.

Search in Menu

Document Upload

What to Expect- You’ve successfully uploaded the required dependent documentation for your selected benefits. If any additional information is needed, a member of the CEO/HR – Benefits team will reach out to you with further instructions. As long as you’ve uploaded your proof, confirmed the document name and timestamp, and saved your submission, no further action is needed unless we contact you. Once everything is verified, your dependents will be enrolled. You will not be contacted by us unless there is an issue, or additional documentation or clarification is needed.

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IMPORTANT- Please ensure you allow yourself sufficient time to complete your Open Enrollment event. We strongly advise against waiting until the last minute, as technical issues, confusion with the process, or indecision are not considered valid reasons for making changes or requesting exceptions outside of the annual Open Enrollment period. According to the County's Plan Document, which adheres to IRS guidelines, Open Enrollment is the designated time for employees to make changes to their flexible benefit program without a qualifying mid-year event.

If you have questions about specific benefit plans, please refer to Chapters 2–4 of the Benefit Plans Handbook or contact the individual plan providers directly. Use the "Who Do I Call" on the Benefits Page by plan year.

(<https://hr.venturacounty.org/benefits/py2026>)

You can access the handbook, rate sheets, vendor websites, VCHRP login link, and other resources at:

<https://hr.venturacounty.org/benefits/py2026>.

For assistance accessing VCHRP, contact your agency's HR or IT Department. You may also email Benefits.ServiceRep@venturacounty.gov or call the Benefits Service Representative line at 805-654-2570. Please note that this email and phone line serve all County of Ventura agencies, so response times may be longer than those from your agency's dedicated representatives.