



EMAIL NOTIFICATION FORM

Our members are important to us, and we want to stay connected. That is why through-out the year we share important information with our members, such as announcements, reminders, and our semi-annual Member Newsletter.

This information is currently shared via mail using the United States Postal Service (USPS); however, the Ventura County Health Care Plan (VCHCP) also has the ability to send this general information via email.

Therefore, we would like to know your communication preference.

Please indicate your preference below and return this form to us, and we will update our records accordingly.

Select one:

I would like to start receiving general information from VCHCP at the following email address:

Please note: VCHCP will not send any documents that include your protected health information; such as claims data, treatment authorizations, or coverage information, including ID cards, to you via email. These documents will continue to be sent via USPS.

I would like to continue receiving information from VCHCP via USPS only.

Employee Name: _____ Signature: _____

Member ID: _____ Date: _____

Please mail, fax, or email this completed form to:

Ventura County Health Care Plan
 Attn: Member Services
 2220 E. Gonzales Road, Suite 210-B
 Oxnard, CA 93036

Fax #: (805) 981-5051

Email: VCHCP.Memberservices@ventura.org

If you have any questions, please contact our Member Services Department at (805) 981-5050, Monday through Friday from 8:30 a.m. to 4:30 p.m.

Sincerely,
 Member Services