

New York Health Benefits Waiver of Coverage

Mailing Address: 48 Monroe Turnpike, Trumbull, CT 06611 • 1-800-889-7658 • www.oxfordhealth.com

Group Name:					
Policyholder Name:					
Employee Name:					
	Last		First		Middle Initial
Marital Status:	Single	Married	Widowed	Divorced	
Date of Employment:					
Date of Birth:					

I was given the opportunity to enroll in this plan of group health benefits offered by my employer and insured by Oxford Health Plans (NY), Inc. and/or Oxford Health Insurance, Inc. and I refuse coverage.

Reason for Refusal (Please check all appropriate boxes.)

- □ other group coverage sponsored by my employer
- □ other group coverage sponsored by my spouse's employer
- □ other group coverage sponsored by another organization
- other reasons (please explain) _____

Please provide name of carrier and policy number: _____

Signature of Employee

Benefits Administrator Signature

Date

Date