

## **New York Health Benefits Waiver of Coverage**

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

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