



Oxford Health Plans

Oxford Health Plans (CT), Inc.

Connecticut

Health Benefits Waiver of Coverage

Mailing Address: PO. Box 7081, Bridgeport, CT 06601-7081 Corporate Address: 800 Connecticut Ave., Norwalk, CT 06854 • 800-889-7546

Group Policy Number:

Policyholder Name:

Employee Name: Last First Middle Initial

Social Security Number:

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 Insurance, Inc. I refuse the following:

- Employee, Spouse and Child(ren) coverage
- Spouse coverage
- Child(ren) 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 _____

Signature of Witness _____ Date _____