Oxford Health Plans®

Oxford Health Insurance, Inc.

Pennsylvania
Health Benefits Waiver of Coverage

Address: 14 Central Park Drive Hooksett, NH 03106 • www.oxfordhealth.com

Group Name:

Policyholder/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: _____

Carrier begin date: _____
M M / D D / Y Y Y Y

_____
Signature of Employee Date

_____
Signature of Witness Date