



Oxford Health Plans (NJ), Inc. / Oxford Health Insurance, Inc.

New Jersey Large Employer Health Benefits Waiver of Coverage

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

Group Name: [Grid]

Policyholder Name: [Grid]

Group Number: [Grid]

Employee Name: [Grid] Last First Middle Initial

Employee SSN: [Grid]

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 (NJ), Inc. / Oxford Health Insurance, Inc. 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 _____

Signature of Benefits Administrator _____ Date _____