UnitedHealthcare®
OXFORD®

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

Connecticut Health Benefits Waiver of Coverage

Local Address: 48 Monroe Turnpike, Trumbull, CT 06611 ▪ 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 (CT), 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