UnitedHealthcare®
Oxford

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:

Policyholder Name:

Group Number:

Employee Name:

Last First Middle Initial

Employee SSN:

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