UnitedHealthcare®
Oxford

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

New Jersey Large Employer Health Benefits Waiver of Coverage

Local Address: P.O. Box 29142, Hot Springs, AR 71903 • 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