



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:	
	<div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Initial </div>

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 _____