

 **OXFORD HEALTH PLANS (NY), INC.**

(Employer Group Name)

**NOTICE OF SPECIAL ENROLLMENT RECORDS
AND
WAIVER**

If you are declining enrollment for yourself or your dependents (including your spouse) under this plan because you have other health coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage involuntarily ends.

In addition, if you are not enrolled under your employer's group health plan and you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage birth, adoption or placement.

If you are declining coverage, please check one of the following reasons:

- *I am declining coverage under my employer's group health plan because I have other coverage or I choose not to participate.*
- *I am declining coverage under Oxford because I am enrolling in another coverage option offered by my employer.*

Date:

Signature

Printed Name