New York Health Benefits Waiver of Coverage

UnitedHealthcare Oxford

Mailing Address: Oxford Enrollment Dept. ■ 14 Central Park Drive ■ Hooksett, NH 03106 ■ 1-888-201-4216 ■ [redacted]

Group Name: Darren K Indyke PLLC

Group Policy Number (if known): _____

Employee Name: Lesley K Groff

Marital Status: ☐ Single ☒ Married ☐ Widowed ☐ Divorced

Date of Employment: 1/1/2009

Date of Birth: 02/19/1965

I am employed by and working at least 20 hours per week for the group shown above. I was given the opportunity to enroll in the Oxford* group health benefits plan(s) offered by my employer and I refuse coverage.

Reason for Refusal (please check all appropriate boxes)

☒ I have other coverage from:

- ☒ My spouse's employer
- ☐ Medicare
- ☐ Medicaid
- ☐ Veteran's Administration
- ☐ Union health plan
- ☐ Another carrier's group health plan sponsored by this employer
- ☐ Another source of coverage (please specify): _____

REQUIRED INFORMATION: UNITED HEALTHCARE [redacted]
Name of Carrier Po

☐ Other reason (please explain): _____

I certify that all information provided in this form is true and complete. By refusing group health benefits, I acknowledge that I and/or my dependent(s) may have to wait until the plan's next anniversary date to be enrolled for group coverage.

Lesley Groff 2/13/2013
Signature of Employee Date

Richard Kahn 2/13/2013
Signature of Benefits Administrator Date

* Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.