

**From:** [REDACTED] <[REDACTED]>

**To:** [REDACTED]

**Subject:** Health Insurance

**Date:** Wed, 13 Feb 2013 22:13:25 +0000

**Attachments:** SKMBT\_C25313021317491.pdf

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Attached is form for our new health insurance with Oxford

They require all employees who receive other coverage to sign attached waiver

Can you please read form for accuracy, fill in name of your carrier and policy number then sign and fax back to me

Please call me with any questions

Thank you

ps - happy early bday

[REDACTED]  
HBRK Associates Inc.

575 Lexington Avenue, 4th Floor,  
New York, New York 10022

Begin forwarded message:

**From:** [REDACTED]  
**Date:** February 13, 2013 4:50:10 PM EST  
**To:** [REDACTED]  
**Subject:** Message from KMBT\_C253  
**Reply-To:** [REDACTED]