



One Liberty Plaza  
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[www.empireblue.com](http://www.empireblue.com)

## Small Group Health Benefits Waiver

Group name: \_\_\_\_\_

Group number: \_\_\_\_\_

Employee name: \_\_\_\_\_  
Last First Middle Initial

Date of employment: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I was given the opportunity to enroll in this group health benefits plan offered by my employer and insured by Empire HealthChoice HMO, Inc, and/or Empire HealthChoice Assurance, Inc.

I refuse coverage as I currently have other group coverage sponsored by my spouse's employer.

### Please provide:

Name of carrier: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee Date

\_\_\_\_\_  
Benefits administrator signature Date