

New Plan Election

Use this along with the Plan Designs & Rates sheet to select a new plan.

YOU CAN MAKE YOUR POLICY CHANGES BY MAIL, FAX, WEB OR PHONE.

- Mail: Oxford Health Plans, Group Enrollment, P.O. Box 7085, Bridgeport, CT 06601-9688. Use the enclosed envelope.
- Web: Log on to the "Your Account" section of www.oxfordhealth.com and use the IDEA link 60 days prior to your renewal.
- Phone: Call Group Services at 1-888-201-4216.

EMPLOYER GROUP INFORMATION

Group Name _____

Oxford Group Number _____

PLAN

Plan Number: _____

Plan Name: _____

Contract Specific Package (CSP)*

High Plan

All Eligible Employees

Other: _____

*CSP information can be located in the subject line of the enclosed letter.

RATES

Tier

Single: _____

Couple: _____

Parent/Child(ren): _____

Family: _____

SIGNATURE

I, _____, _____ (Name & Title), hereby certify that I am electing to renew my group's, Oxford policy with the information contained herein. I understand that this policy will be available to me for the duration of 12 months and is subject to the review and approval of Oxford's Enrollment Department.

Signature _____ Date _____

Name _____

Title _____

If you have additional questions, please call Oxford Group Services for assistance at 1-888-201-4216. Thank you for your prompt attention to this matter.

WE'VE GOT A BRIGHT IDEA!

You can also complete your renewal online using



Log on to the "Your Account" section of www.oxfordhealth.com and renew your policy today!



MUST BE RETURNED BY THE 15TH
of the month prior to the renewal date.