



Newborn Limited Benefit Waiver

An employee can elect not to cover his/her newborn for the HealthChoice newborn limited benefit. Unless it is waived, HealthChoice provides a limited benefit for newborns not added to an eligible, primary member's account. Please see the HealthChoice Health Handbook for details. The member, whose name appears below, elects to exclude his/her newborn from the newborn limited benefit.

Employer name _____

Member name _____ SSN or Member ID _____
(Please print)

I wish to waive the HealthChoice newborn limited benefit. I understand that completion of this form will result in denial of all medical claims for my newborn child.

Member signature _____ Date _____

Submit this form to:

**Employees Group Insurance Division
P.O. Box 11137, Oklahoma City, OK 73136-9998**