

**New York
Small Group Employee Waiver
For Groups of 1-100* Full-time Equivalent Employees**



Employee Information			
Group name		Group no./Employer tax ID no.	
Employee ID no.	Employee last name	First name	MI

I was given the opportunity to enroll in the group health benefit product(s) offered by my employer and insured by Empire HealthChoice HMO, Inc, and/or Empire HealthChoice Assurance, Inc.

I decline coverage as I currently have other health coverage through one of the following sources:

Accepted waivers include:

- Medicaid coverage Spouse's employer coverage
 Medicare coverage Veteran's Administration coverage Coverage through my parent

Please provide:

Name of carrier	Policy no.
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Certification

By signing below, I certify that all statements contained in this form are true and accurate to the best of my knowledge.

For Employee signing below: I understand that by declining group health coverage, I and/or my dependents will need to wait until the next Open Enrollment period to enroll for group coverage with my employer, unless I have a Special Enrollment event.

For Company office signing below: I certify that I am an officer or owner of the business and duly authorized to execute this waiver on behalf of the group named above.

INSURANCE FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee signature X	Date (mm/dd/yyyy)
Company officer signature X	Title
Company officer printed name X	Date (mm/dd/yyyy)

*A small group must have at least one active full-time equivalent employee that meets the definition of employee in 42 U.S.C. 300gg-91(d)(5) but no more than 100 employees. A small group can consist of one nonspouse employee plus the business owner; a group of 100 would consist of the business owner plus 99 employees.

Empire reserves the right to ask for supporting documentation.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.