



**Office of Management and Enterprise Services
Employees Group Insurance Division**

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 appropriate Plan Handbook for details. The member, whose name appears below, elects to exclude his/her newborn from the newborn limited benefit.

Group/Division #: _____ Group Name: _____

Member's 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's Signature: _____ Date: _____

This form must be submitted to:

**Office of Management Enterprise Services
Employees Group Insurance Division
3545 N.W. 58th, Suite 110
Oklahoma City, OK 73112**