

Oxford

## **Group Termination Form**

Oxford Health Plans (NY), Inc. • Oxford Health Insurance Inc. Mailing Address: P.O. Box 29142, Hot Springs, AR 71903

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Please Note: In order to execute a group termination request, a signature from an authorized person is required. Signature must be from the President, Owner, Current BA, Vice President, Director, Executive Officer or other high official at the group.