



Graduate Medical Education  
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FARMINGTON, CT 06030-1921  
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270 FARMINGTON AVENUE, SUITE 352  
FARMINGTON, CT 06032-1994  
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## MEDICAL/DENTAL WAIVER

I am declining Medical Insurance at this time \_\_\_\_\_

I am declining Dental Insurance at this time\* \_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\*If Medical insurance is taken without Dental Insurance, you will not be able to enroll in the Dental plan until the next Open Enrollment, which is the month of June with a July 1 effective date