



Dental Academic Affairs
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Capital Area Health Consortium
270 FARMINGTON AVENUE, SUITE 352
FARMINGTON, CT 06032-1994
PHONE 860.676.1110
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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