



Graduate Medical Education
 263 FARMINGTON AVENUE, LM068
 FARMINGTON, CT 06030-1921
 PHONE 860.679.2147
 FAX 860.679.4624



Capital Area Health Consortium
 270 FARMINGTON AVENUE, SUITE 352
 FARMINGTON, CT 06032-1994
 PHONE 860.676.1110
 FAX 860.676.1303

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.