



Graduate Medical Education  
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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 \_\_\_\_\_

I am waiving medical coverage because I: (please check one)

- Have coverage with my spouse's/partner's employer
- Have individual coverage purchased on my own
- Have coverage with a parent or guardian's plan
- Have no medical coverage and continue to choose to waive.
- Other \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date