



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/VISION WAIVER

I am declining Medical Insurance at this time

I am declining Dental Insurance at this time*

I am declining Vision Insurance at this time*

Print Name

Signature

Date

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