



No Thanks!

I, _____ acknowledge I have been offered the opportunity to voluntarily participate in an employer sponsored benefit program provided by Call MD Plus, Inc.

At this time, I am declining to participate in this program.

My employer, _____, and Call MD Plus, Inc. is to be held harmless for any losses that may occur due to this decline of participation.

X

I voluntarily decline all services offered by Call MD Plus, Inc. Date



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