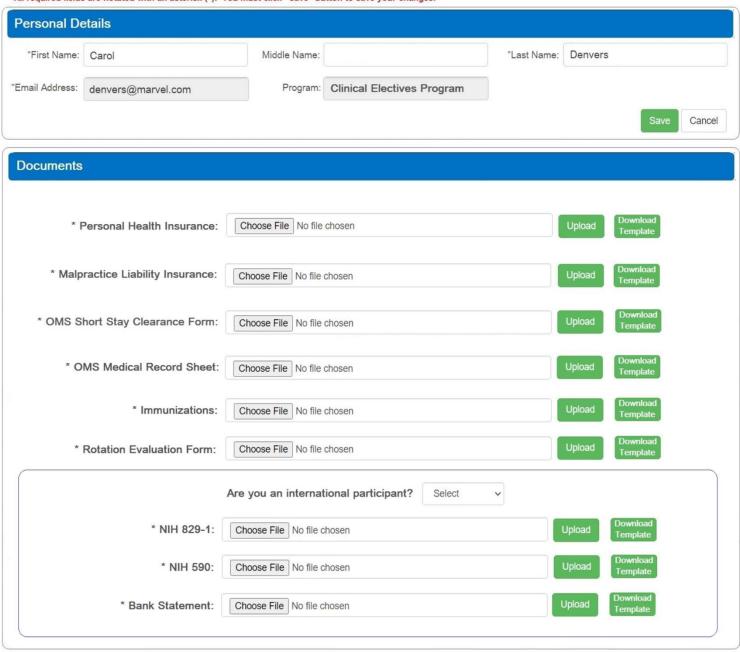


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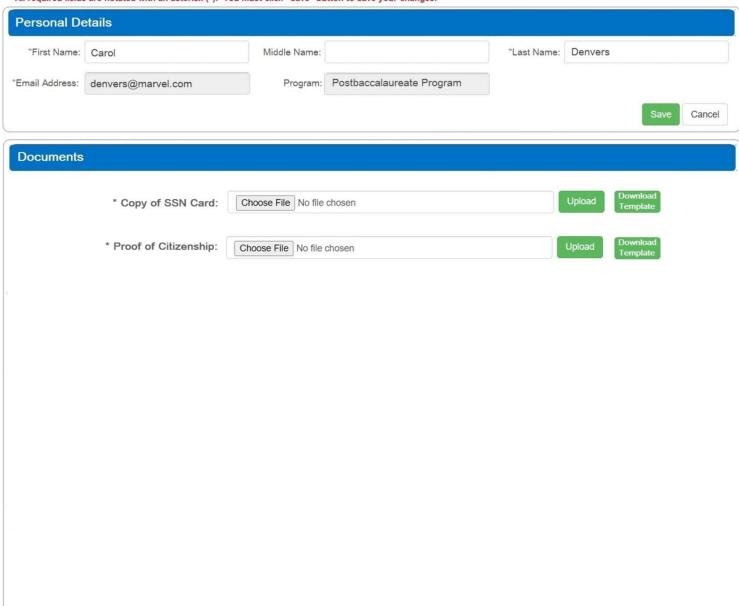
* FAES Health Insurance Election Form:



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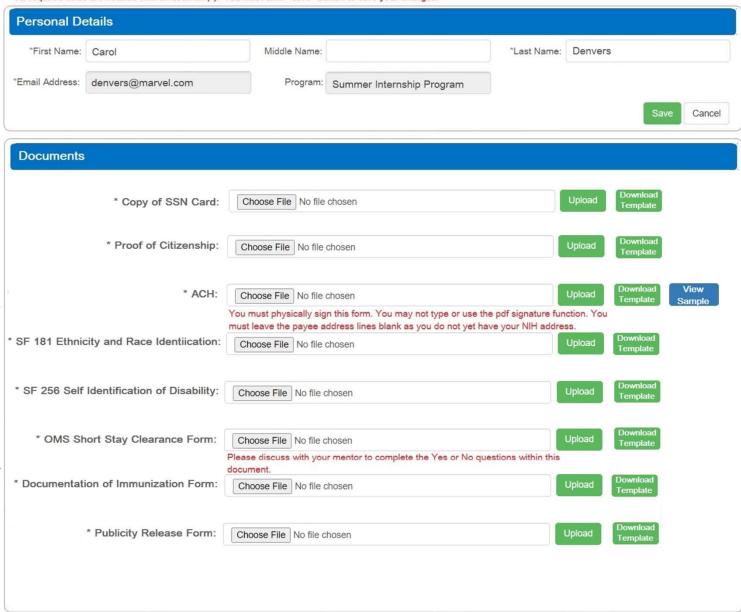
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