



CT TEACHERS' RETIREMENT BOARD
165 CAPITOL AVENUE HARTFORD, CT 06106-1673
Toll Free 1-800-504-1102 Local (959) 867-6333 Fax (860) 241-9295
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

Employer Name: _____

Mailing Address: _____

Employer Domain: _____

Email addresses longer than 30 characters should be submitted up until the "@" sign in the transmittal file.
Providing TRB your Employer Email Domain will assist TRB in processing your staff's email address.

Reporting Unit Key TRB Contact Personnel Information

Key Contact	Name	Phone Number	E-mail Address
<i>Superintendent</i>			
<i>Business Manager</i>			
<i>Human Resources</i>			
<i>Quarterly Health Subsidy</i>			
<i>* Transmittal Processor (Monthly Contributions)</i>			

Name of Person Completing This Form	Title	Date

* Transmits mandatory contributions withheld from active teachers.

Please continue to use this form to notify this office of any subsequent personnel changes. Complete and return this form to:

Email: TRB.Fiscal@ct.gov

or

Fax: (860) 241-9295