



CT TEACHERS' RETIREMENT BOARD  
 165 CAPITOL AVENUE HARTFORD, CT 06106-1673  
 "An Affirmative Action/Equal Opportunity Employer"  
 Toll free 1-800-504-1102 or (959) 867-6333 Fax (860) 622-2849 <http://www.ct.gov/trb>

## HEALTH INSURANCE CANCELLATION FORM

### CANCELING TRB COVERAGE

- This cancellation form must be received by the 25<sup>th</sup> day of the 2<sup>nd</sup> month preceding the effective termination date. For example, to terminate coverage June 1<sup>st</sup>, notification must be received by April 25<sup>th</sup>.
- The TRB sponsored plan is only offered as a single package. **If you opt to cancel, you will not be able to reenroll for two years.**

### I ELECT TO CANCEL ALL TRB HEALTH INSURANCE EFFECTIVE:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

Last Name	First Name	Initial	Home Phone	Cell Phone
Street Address City State Zip Code				
Social Security #	Date of Birth		Email Address	
Signature			Date	

If you were enrolled as the spouse of a retired teacher, please furnish the following:

Retired Teacher's Name	Retired Teacher's Social Security #
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If you were enrolled as the spouse of a deceased retiree, please furnish the following:

Deceased Retired Teacher's Name	Deceased Retired Teacher's Social Security #
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