



TEACHERS' RETIREMENT BOARD  
 165 Capitol Avenue  
 Hartford CT 06106-1673  
 1 (800) 504-1102

## HEALTH INSURANCE CANCELLATION FORM

### CANCELING TRB COVERAGE

- This cancellation form must be received 30 days prior to the requested termination date. For example, to terminate coverage June 1<sup>st</sup>, notification must be received by May 1<sup>st</sup>.
- The TRB sponsored plan is only offered as a single package. All coverage will be cancelled.

**If you opt to cancel, you will not be eligible to re-enroll for two years.**

Requested Cancellation Date		Coverage is for:		Social Security Number	
		Retiree	Dependent		
Last Name		First Name			Middle Initial
Street Address					
City		State	Zip	Phone	
Email Address					
Retired Teachers' Name (if not applicant)				Retired Teachers' Social Security Number	
<b>BY COMPLETING THIS FORM BELOW, I ACKNOWLEDGE I AM ELECTING TO CANCEL ALL TRB HEALTH INSURANCE.</b>					
Signature			Signature Date		

You may submit this form to:

CT Teachers' Retirement Board  
 165 CAPITOL AVENUE  
 Hartford, CT 06106-1659  
**You may also Fax to (860) 622 – 2849**