



CT TEACHERS' RETIREMENT BOARD
165 CAPITOL AVENUE HARTFORD, CT 06106-1673
 Toll free 1-800-504-1102 (959) 867-6380 Healthinsurance.TRB@ct.gov Fax (860) 525-6018
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

Coverage Upgrade Form

Add Dental, Vision & Hearing only for existing TRB Health Plan Members

Our records indicate that you are currently enrolled in the TRB Health Insurance plan and you are not currently enrolled in the complete package which would include dental, vision and hearing. If you would like to add this coverage complete this form and return to TRB no later than **November 30th, 2020**.

If you do not wish to make a change, please disregard this form.

- ❖ Once added, Dental, Vision & Hearing Coverage cannot be dropped.
- ❖ Your change will become effective January 1, 2021.
- ❖ Premiums effective December 2020 if you add Dental, Vision & Hearing.
 - Anthem Medicare Advantage Plan with TRB \$125
 - Anthem Medicare Supplement Plan with TRB \$228
- ❖ Surviving spouses become ineligible upon remarriage.
- ❖ Spouses are ineligible for coverage upon divorce or legal separation.

Enrollee's Last Name, First Name, Initial			Home Phone		
Address (check this box if this is a new address) <input type="checkbox"/>			Email Address		
			Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
Social Security #		Medicare/MBI #		Date of Birth	
Check this box if you wish to add Dental, Vision & Hearing Coverage					<input type="checkbox"/>

By signing below, I am confirming that I wish to be upgraded to the complete insurance package with the Connecticut Teachers' Retirement Board effective January 1, 2021

Enrollee's Signature	Date
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IF YOU ARE THE SPOUSE OF A RETIRED/DECEASED TEACHER, PLEASE FURNISH THE FOLLOWING:

Retired Teacher's Name	Retired Teacher's Social Security #	Retiree's Signature
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