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CT TEACHERS' RETIREMENT BOARD

165 CAPITOL AVENUE, HARTFORD, CT 06106-1659

Toll Free 1-800-504-1102 Fax (860) 622-2849

"An Affirmative Action/Equal Opportunity Employer"

www.ct.gov/trb

I elect to have the following coverage become effective _____ / 01 / 20 _____.

Plan selection	Cost per person per month	Check One
Anthem Medicare Advantage (PPO) Plan with Vision & Hearing, Dental and Prescriptions	\$125.00	
Anthem Medicare Supplement with Vision & Hearing, Dental and Prescriptions	\$228.00	

Enrollee Information:

Last Name:		First Name:		M.I.	Home Phone:		Gender	
							Male	Female
Street Address:				City:		State:		Zip Code:
Social Security Number:		Date of Birth:		Email Address:				
Enrollee's Signature:						Date:		

If enrollee is the spouse or the disabled dependent of a retired teacher, please have the retiree complete below:

Retired Teacher's Name		Retired Teacher's Social Security #	
Retired Teacher's Signature		Date:	

Please attach proof of Medicare Part A and B and copy of marriage certificate (if enrollee is spouse) and submit to:

CT Teachers' Retirement Board

165 CAPITOL AVENUE

Hartford, CT 06106-1659

You may also Fax to (860) 622 – 2849 or email to healthinsurance.trb@ct.gov

NOTE: All correspondence will be sent through email unless otherwise specified



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HEALTH INSURANCE APPLICATION EFFECTIVE JANUARY 1, 2021

Mandatory Eligibility Requirements

- Participation in Medicare Part A and Medicare Part B
- A member collecting a retirement benefit or a disability allowance, or
- A spouse of a retired member, or
- A surviving spouse of a retired member who has not entered into another marriage, or
- A disabled dependent of a member collecting a retirement benefit or a disability allowance if there is no spouse or surviving spouse.
- You must be a legal resident of the United States to participate in the TRB health plan.

Mandatory Filing Requirements

- Proof of participation in Medicare Part A and Medicare Part B (a copy of Medicare Card or a letter from Social Security providing the Medicare I.D. Number and the effective dates for Medicare Part A and Medicare Part B). Medicare ID Number required before enrollment is processed
- Copy of a marriage certificate or a marriage license from spouse if enrolling
- If the application includes coverage for a disabled dependent, a copy of the member's most recent federal income tax return documenting the disabled dependent's status as the member's dependent
- One form per enrollee must be received by the 25th of the 2nd month preceding the effective date of coverage. We will send an acknowledgement letter of the receipt of your application via email.

Cancelling Your TRB Coverage

- You may cancel all coverage at any time; however, you will not be able to reenroll for two years.

Important Information Regarding Our Plan

- Our health care coverage is offered as a package which includes Hospital, Medical, Major Medical, Prescription Drug Benefits and Dental and Vision & Hearing.
- All plans are on a calendar year basis.
- **Some members may be required to pay an extra amount for Part B and Part D because of their yearly income. This is known as the Income-Related Monthly Adjustment Amount (IRMAA) and it is paid directly to the federal government not to the TRB. For more information on IRMAA you can visit the Medicare website: <http://www.medicare.gov> or call Medicare at 800-633-4227.**
- A spouse is not eligible for TRB coverage upon divorce or legal separation. In the event a former spouse is participating in the TRB sponsored health insurance plan, the member must inform TRB and provide a copy of the legal separation or dissolution of marriage as soon as possible.
- A surviving spouse is not eligible upon remarriage. Prompt notification is required.
- The TRB provides address changes to all of our health plan vendors. You must maintain your current address with us at all times to ensure as little disruption as possible in the delivery of services and the processing of claims.
- Post Retirement Reemployment (PRR) – If a member is reemployed as a public-school teacher following their retirement, the member (and spouse or dependent) can elect to continue their TRB health plan coverage while reemployed, but at no additional charge.

The detailed Plan Summaries are available on our website at www.ct.gov/trb.