



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

## **APPLICATION FOR \$220 HEALTH INSURANCE SUBSIDY**

P.A. 08-112 effective July 1, 2008, provides a health insurance subsidy of \$220 per month for an eligible retired member, spouse, surviving spouse or civil union partner who meets all of the eligibility requirements.

### **ELIGIBILITY REQUIREMENTS FOR \$220 SUBSIDY**

1. Minimum age requirement - 65 years old, and
2. You must pay a minimum of \$220 per month towards your (single person) medical and prescription insurance coverage maintained with the last employing board of education, excluding the cost for dental coverage, and
3. You do NOT qualify for Medicare Part A premium-free hospital insurance.

### **\$220 SUBSIDY DISQUALIFIERS**

- If you are eligible for Medicare Part A premium-free (on anyone's Medicare covered employment) but chose not to enroll, you are not eligible for the \$220 health insurance subsidy.
- If you do not meet all three criteria listed above, you are not eligible for the \$220 health insurance subsidy.
- If either you OR YOUR SPOUSE have earned 40 credits under social security, you are not eligible for the \$220 health insurance subsidy.
- If either you or your spouse are collecting social security benefits, you are not eligible for the \$220 health insurance subsidy.
- If you are currently receiving \$220 per month as a subsidy based on your income, you are not eligible for an additional health insurance subsidy.
- If you are not responsible for at least \$220 per month for your health insurance premium because your employer pays all or a portion of the premium on your behalf, you are not eligible for an additional health insurance subsidy.
- If you are covered by Stirling Benefits through the Teachers' Retirement Board, you are not eligible for an additional health insurance subsidy.

### **MEDICARE ELIGIBILITY**

You may qualify for Medicare Part A premium-free as follows: 1) by earning your own 40 or more credits through Medicare covered employment, or 2) as the spouse, surviving spouse or divorced spouse of a worker who earned 40 or more credits of Medicare covered employment. Contact the Social Security Administration for assistance with determining your eligibility.

### **\$220 SUBSIDY FILING REQUIREMENTS**

- Complete and submit Page 2 of this application to the Connecticut Teachers' Retirement Board.
- Submit a copy of pages one and two of your own (and your spouse's or former spouse's; if applicable) annual Social Security Statement. In lieu of a copy of pages one and two of the annual Social Security Statement(s) we will accept a letter from Social Security indicating that you are ineligible for Medicare Part A for free or a computer generated statement from Social Security including name, identification number, and earned social security credits.
- Submit a copy of the bill or statement from your last employing board of education for your health insurance coverage (excluding the cost of dental and or life insurance) that shows the amount you pay monthly for your insurance and indicate the date your contribution first exceeded \$220 per month.

### **CONFIRMATION**

Please allow 4 – 6 weeks for us to determine your eligibility. You will receive written notice from us after we determine your eligibility.

### **QUESTIONS**

If you have questions contact the Health Insurance Team of the Connecticut Teachers' Retirement Board at [TRB.HealthInsurance1@ct.gov](mailto:TRB.HealthInsurance1@ct.gov).

NOTE: If you are participating in Medicare Parts A and B, you are eligible to join the supplemental health plan sponsored by the Teachers' Retirement Board. The application is available on our website <https://portal.ct.gov/TRB/Content/Health-Insurance/Health-Insurance-Menu/Forms>



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### APPLICATION FOR \$220 HEALTH INSURANCE SUBSIDY

Print Applicant's Last Name, First, Initial		Home Phone	
Print Applicant's Street Address		City	State
			Zip Code
Applicant's Social Security #		Applicant's Date of Birth	
Print Name of School District Where Insured:			
Print the name of the retired teacher, if you are not the retiree.		Retired Teacher's Social Security #	

Submit a copy of pages one and two of your own (and your spouse's or former spouse's; if applicable) annual Social Security Statement. In lieu of a copy of pages one and two of the annual Social Security Statement(s) we will accept a letter from Social Security indicating that you are ineligible for Medicare Part A for free or a computer generated statement from Social Security including name, identification number, and earned social security credits.

Submit a copy of the bill or statement from your last employing board of education for your health insurance coverage (excluding the cost of dental and or life insurance) that shows the amount you pay monthly for your insurance and indicate the date your contribution first exceeded \$220 per month.

APPLICATION DUE DATE: August 15<sup>th</sup> to initiate the subsidy on September 30<sup>th</sup> or November 15<sup>th</sup> to initiate the subsidy on December 31<sup>st</sup> or February 15<sup>th</sup> to initiate the subsidy on March 31<sup>st</sup>, or May 15<sup>th</sup> to initiate the subsidy on June 30<sup>th</sup>. The subsidy payment will be sent directly to the board of education.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date