



# Roster Files

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**Audits and Group Updates**

Connecticut Teachers' Retirement Board

# Summary of Steps



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## 01. Request the File

Send a request to the Subsidy team at TRB by emailing [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov) to request a Roster file

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## 02. Download File

Using your CTIS login, access the State secure site and locate the Roster file in your "FromTRB" folder

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## 03. Complete Yellow Fields

Complete the plan type, coverage type, member premium, district premium, and total plan premium fields for EVERY member

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## 04. Upload File

Once your file is filled in, save to a location on your network and upload to the "ToTRB" folder on the State secure site using your CTIS login

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## 05. TRB Reviews

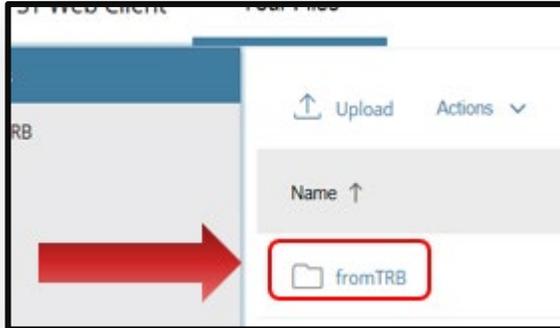
TRB will download and review the file for premium updates and discrepancies

Quarterly District Health Subsidy Worksheets must still be submitted separately!

# Requesting and Receiving

To request a complete list of all participants TRB currently shows as receiving a subsidy with your district, you can request a “Roster File,” also sometimes referred to as a “Roster Audit” sheet/file. The TRB will upload the file to your “FromTRB” folder and reply to your email request letting you know the file is ready for your review.

To download the file, you need to log into the CT ST Web Client Secure File Transfer portal, often referred to as the State secure site, using your CTIS login credentials. Click the “FromTRB” folder and right click the Roster File to download.



Hi,  
I will need to update our rates for our entire population.  
I am requesting a Roster Audit Sheet to make updates.  
Thank you.

Hi,  
Can you please send an audit file so that I can update insurance rates for July 1, 2023- June 30, 2024?

Hi,  
I need to update insurance rates for medical and dental. Please send a Roster Audit Sheet.



# The Roster File

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# Instruction Page

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Upon opening the Roster File created for your district you will see a sheet that lists your district's name and district ID number.

You can click "Go To Roster" to go to the roster area or click the blue link to open this presentation in a new window for information on how to complete the form and what each field represents.



TRB Health Insurance Subsidies for:

**HIGHLAND BD OF ED**

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GO TO ROSTER

*[«Click here for the Health Subsidy upcoming changes»](#)*

# The Roster Screen

LAST NAME	FIRST NAME	MIDDLE NAME	PARTICIPANT	MEMBER ID	SSN	EFFECTIVE DATE	CURRENT SUBSIDY	PLAN TYPE
DOE	JANE	B	TRB RETIREE	123456	999999999	10/01/1992	\$ 220.00	
SMITH	SARAH		TRB RETIREE	165432	888667777	07/01/2022	\$ 220.00	
SMITH	MICHAEL	J	DEPENDENT SPOUSE	165432	123456789	02/01/2002	\$ 220.00	
TEST	BARBARA		TRB RETIREE	012345	987654321	07/01/2022	\$ 220.00	

## Participant Information

This area is comprised of the participants who are listed in the TRB system as receiving a subsidy through your district. You cannot alter the enrollment status on this file. Any updates to enrollment (adding or terming) would need to be sent via your quarterly District Health Subsidy (DHS) Worksheet.

## Plan Type

This column has preset choices you can elect from the drop-down menu. For each participant, select the drop down that most closely relates to their age and plan enrollment.

- **Retired Under 65** – any participant under 65
- **Retired 65+ Non-Medicare** – any participant **currently** receiving a double subsidy from TRB
- **Retired 65+ Medicare** – any participant enrolled in a Medicare plan through the district
- **Retired 65+ Board Plan** – any participant over 65, who is either not enrolled in a double subsidy with TRB or elected to stay with the district, and is enrolled in a non-Medicare plan

If you think a participant may be eligible for double subsidy but they are not receiving a \$440 subsidy from TRB, you can refer them to the Application for Double Subsidy on the TRB website.

Do not list potential recipients under the Retired 65+ Non-Medicare option. This is reserved only for those receiving double subsidy currently.

# The Roster Screen

## Coverage Type

The coverage type column has a preset list of options pertaining to the coverage package the participant is enrolled in. This may be Medical only coverage, Dental only coverage, or a combination of Medical and Dental. Note: TRB does not subsidize vision and hearing unless the cost is included a Medical or Dental package.

COVERAGE TYPE	
	<input type="text"/>
	MEDICAL ONLY
	MEDICAL + DENTAL
	DENTAL ONLY

## Member Plan Premium

The member plan premium column is a fillable field where you will enter the participant's portion of the benefit plan they are enrolled in. This amount should be **BEFORE** subsidy is applied.

MEMBER PLAN PREMIUM	
\$	285.00
\$	54.00
\$	-
\$	54.00

# The Roster Screen

## District Plan Premium

The district plan premium column is where you will enter the district's share of the benefit plan cost **BEFORE** subsidy is applied.

DISTRICT PLAN PREMIUM	
\$	150.00
\$	-
\$	345.00
\$	-

## Total Premium Amount

The total premium amount column is the sum of the member plan premium and the district plan premium for each participant. The member cost share plus the district cost share should equal the total plan cost. If the amounts do not match, TRB will not accept them.

TOTAL PREMIUM AMOUNT	
\$	435.00
\$	54.00
\$	345.00
\$	54.00

LAST NAME	FIRST NAME	MIDDLE NAME	PARTICIPANT	MEMBER ID	SSN	EFFECTIVE DATE	CURRENT SUBSIDY	PLAN TYPE	COVERAGE TYPE	MEMBER PLAN PREMIUM	DISTRICT PLAN PREMIUM	TOTAL PREMIUM AMOUNT
DOE	JANE	B	TRB RETIREE	123456	999999999	10/01/1992	\$ 220.00	RETIRED UNDER 65	MEDICAL ONLY	\$ 285.00	\$ 150.00	\$ 435.00
SMITH	SARAH		TRB RETIREE	165432	888667777	07/01/2022	\$ 220.00	RETIRED UNDER 65	DENTAL ONLY	\$ 54.00	\$ -	\$ 54.00
SMITH	MICHAEL	J	DEPENDENT SPOUSE	165432	123456789	02/01/2002	\$ 220.00	RETIRED 65+ MEDICARE	MEDICAL + DENTAL	\$ -	\$ 345.00	\$ 345.00
TEST	BARBARA		TRB RETIREE	012345	987654321	07/01/2022	\$ 220.00	RETIRED 65+ BOARD PLAN	DENTAL ONLY	\$ 54.00	\$ -	\$ 54.00

## Roster Completion

Once you have completed your roster file you should have something similar to the example above.

## Important Notes:

- Any participant left blank are presumed to be terminations or \$0 cost and will be terminated by TRB
- If a district pays all of the cost for a participant, then \$0 should be entered into the Member plan premium field
- If a member pays all of the cost of a benefit plan, then \$0 should be entered in the district plan premium field

## Missing Information

If you identify an error on your report such as a participant not listed on the Roster, you will need to send these corrections on your quarterly DHS worksheet

## Sending the Roster

Once you have completed the Roster simply save the file to a location on your network. You will need to log into the Secure FTP site using your CTIS login and access the “ToTRB” folder. Click the Upload icon and locate the saved file on your network. Once uploaded, TRB will take it from there!

**Roster Files are not part of the auto-confirmation process. You will not receive a confirmation email until a member of TRB staff has reviewed your file.**



# Thank you

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We hope you found this presentation helpful and informative. If you have questions or need to request a Roster file, please contact our Subsidy Team below.

TRB Subsidy

[TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov)