



TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford CT 06106-1673
1 (800) 504-1102
HealthInsurance.TRB@ct.gov

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 1st, notification must be received by May 1st.
- 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 | |
| | | | | | |
| BY COMPLETING THIS FORM BELOW, I ACKNOWLEDGE I AM ELECTING TO CANCEL ALL TRB HEALTH INSURANCE. | | | | | |
| 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