**TEACHERS' RETIREMENT BOARD**
165 Capitol Avenue
Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102
Website: www.ct.gov/trb

# 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:** Retiree ☐ Dependent ☐ | **Social Security Number** |
|---|---|---|

| **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
Or EMAIL to healthinsurance.trb@ct.gov