



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:		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
 Or EMAIL to healthinsurance.trb@ct.gov