



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

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

DEPENDENT/BENEFICIARY ADDRESS CHANGE FORM

THIS FORM IS FOR DEPENDENT AND/OR BENEFICIARIES FOR RETIRED OR DISABLED MEMBERS
 ENROLLED IN TRB HEALTH INSURANCE COVERAGE

Member Last Name	Member First Name	Member SSN #		
Please complete new information below this line				
Last Name:	First Name:	M.I.	Date of Birth:	Social Security Number:
Street Address:				
Physical Address: Required if above is a PO Box				
City:			State	Zip Code
Phone Number:		Personal Email:		

Signature:		Date:

You can submit this form by Fax or Email:

Fax: (860) 622-2849

Email: HealthInsurance.TRB@ct.gov

or by Mail to:

165 Capitol Avenue
 Hartford, CT 06106