



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

HEALTH INSURANCE APPLICATION 2023

This form must be completed in its entirety. Incomplete forms will be returned to the sender and result in a delay in coverage.

PLEASE READ ALL INFORMATION ON PAGE 2

Last Name:	First Name:	M.I.	Date of Birth:	Social Security Number:
Gender	Select One: Male Female	Relationship to TRB:		Select One: Member Spouse
Street Address:				
Physical Address:	A physical address is required if providing a PO Box			
City:	State	Zip Code	Phone Number:	Select One: Home Cell
Personal Email Address:	All correspondence will be sent through email unless otherwise specified			
Enrollee's Signature:			Date:	
Retiree Signature: (If not enrollee)			Retiree SSN:	

Coverage begin date:		All coverage begins on the first of the month	
Coverage Options:		Cost per person per month	Select One
UnitedHealthcare Medicare Advantage Includes: Vision, Hearing, Prescriptions and Cigna Dental		\$83.00	<input type="checkbox"/>
UnitedHealthcare Senior Supplement Includes: Vision, Hearing, Prescriptions and Cigna Dental		\$326.00	<input type="checkbox"/>
If you have End-Stage Renal Disease (ESRD) please complete the following information			
Do you have End-Stage Renal Disease (ESRD)?		If "yes", what is the date you first became eligible for ESRD Medicare?	
Yes	No		Date:

Please attach proof of Medicare Part A and B and copy of marriage certificate (if enrollee is spouse) and submit to:

CT Teachers' Retirement Board
165 Capitol Avenue, Hartford, CT 06106-1659
You may also Fax to (860) 622 – 2849



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Mandatory Eligibility Requirements

- Enrollment in Medicare Part A and Medicare Part B on or before your requested effective date with TRB
- You are a TRB member collecting a retirement benefit or a disability allowance, or
 - You are the spouse of a retired member, or
 - You are the surviving spouse of a retired member who has not entered into another marriage, or
 - You are the disabled dependent of a member collecting a retirement benefit or a disability allowance if there is no spouse or surviving spouse.
- You must be a legal resident of the United States to participate in the TRB health plan.

Mandatory Filing Requirements

- Proof of participation in Medicare Part A and Medicare Part B (a copy of Medicare Card or a letter from Social Security providing the Medicare I.D. Number and the effective dates for Medicare Part A and Medicare Part B). Medicare ID Number required before enrollment is processed
- Copy of a marriage certificate or a marriage license from spouse if enrolling
- If the application includes coverage for a disabled dependent, a copy of the member's most recent federal income tax return documenting the disabled dependent's status as the member's dependent
- One form per enrollee must be received no later than 30 days prior to the effective date of coverage. An acknowledgement letter will be sent via email once the application is processed.

Cancelling Your TRB Coverage

- You may cancel all coverage at any time; however, you will not be able to reenroll for two years.

Important Information Regarding Our Plan

- Our health care coverage is offered as a package which includes Hospital, Medical, Major Medical, Prescription Drug Benefits and Dental and Vision & Hearing for the price indicated on page 1.
- All plans are on a calendar year basis. Deductibles renew on January 1 of each calendar year and are not pro-rated based on when you enroll.
- **Some members may be required to pay an extra amount for Part B and Part D because of their yearly income. This is known as the Income-Related Monthly Adjustment Amount (IRMAA) and it is paid directly to the federal government not to the TRB. For more information on IRMAA you can visit the Medicare website: <http://www.medicare.gov> or call Medicare at 800-633-4227.**
- Premiums for the TRB Sponsored plan of your choice are deducted from the retiree's pension benefit at the end of the month preceding the covered month. For example: Premiums for coverage in January will be deducted from the pension benefit received at the end of December.
- A spouse is not eligible for TRB coverage upon divorce or legal separation. In the event a former spouse is participating in the TRB sponsored health insurance plan, the member must inform TRB and provide a copy of the legal separation or dissolution of marriage as soon as possible.
- A surviving spouse is not eligible upon remarriage. Prompt notification is required.
- The TRB provides address changes to all of our health plan vendors. You must maintain your current address with us at all times to ensure as little disruption as possible in the delivery of services and the processing of claims.
- If a member is reemployed as a public-school teacher following their retirement, the member (and spouse or dependent) can elect to continue their TRB health plan coverage while reemployed, but at no additional charge.

Detailed Plan Summaries are available online