



TEACHERS' RETIREMENT BOARD

165 Capitol Avenue
Hartford, CT 06106-1673

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

NOTE: If you are participating in Medicare Parts A and B, you are eligible to join the TRB sponsored health plan of your choice through the Teachers' Retirement Board. The application is available on our website under Health Insurance Forms at www.ct.gov/trb

APPLICATION FOR \$440 HEALTH INSURANCE SUBSIDY

(Please Print)

This form must be completed in its entirety.

Applicant's First Name	Applicant's Last Name	Date of Birth	Social Security Number
Applicant's Address			
City	State	Zip Code	
Physical Address (if different)			
City	State	Zip Code	
Name of School District Where Insured			
Name of Retired Teacher (if not applicant)		Retired Teachers' Social Security Number	
Signature of Applicant		Signature Date	

Please attach copy of Social Security Statement, or alternate proof if applicable, and Health Premium statement from the Board of Education and submit 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



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P.A. 08-112 effective July 1, 2008, provides a health insurance subsidy of \$440 per month for an eligible retired member, spouse, or surviving spouse who meets all of the eligibility requirements.

ELIGIBILITY REQUIREMENTS

1. You must be at least 65 years old, and
2. You must pay a minimum of \$440 per month towards your (single person) medical and prescription insurance coverage maintained with the last employing board of education, excluding the cost for dental coverage, and
3. You do NOT qualify for Medicare Part A premium-free hospital insurance

\$440 SUBSIDY DISQUALIFIERS

You are **NOT ELIGIBLE** for the \$440 health insurance subsidy if:

- You are eligible for Medicare Part A premium-free (on anyone's Medicare covered employment) but chose not to enroll
- If you do not meet all three criteria listed above
- If either you or your spouse have earned 40 credits under social security
- If either you or your spouse are collecting social security benefits
- If you are currently receiving \$440 per month as a subsidy based on your income
- If you are not responsible for at least \$440 per month for your health insurance premium because your employer pays all or a portion of the premium on your behalf
- If you are covered by a TRB sponsored health plan

MEDICARE ELIGIBILITY

You may qualify for Medicare Part A premium-free as follows:

1. By earning your own 40 or more credits through Medicare covered employment, or
2. As the spouse, surviving spouse, or divorced spouse of a worker who earned 40 or more credits of Medicare covered employment.

Contact the Social Security Administration for assistance with determining your eligibility.

\$440 SUBSIDY FILING REQUIREMENTS

- Complete and submit the application to the Connecticut Teachers' Retirement Board
- Submit a copy of pages one and two of the annual Social Security Statement (and your spouse's or former spouse's; if applicable).
 - In lieu of a copy of the Social Security annual statement, we will accept a letter from Social Security indicating that you are ineligible for Medicare Part A premium-free or a computer generated statement from Social Security including your name, identification number, and earned social security credits.
- Submit a copy of the bill or statement from your last employing board of education for your health insurance coverage (excluding the cost of dental and/or life insurance) that shows the amount you pay monthly for your insurance and indicate the date your contribution first exceeded \$440 per month.

CONFIRMATION

Please allow 4 – 6 weeks for us to determine your eligibility. You will receive written notice after we determine your eligibility.

QUESTIONS

If you have questions, please contact the Health Insurance Division of the Connecticut Teachers' Retirement Board at 1-800-504-1102 or healthinsurance.trb@ct.gov