



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

Coverage Upgrade Form

Add Dental for existing TRB Health Plan Members

Our records indicate that you are currently enrolled in the TRB Health Insurance plan, and you are not currently enrolled in the complete package which would include dental. If you would like to add this coverage complete this form and return to TRB no later than **November 18, 2022**.

If you do not wish to make a change, please disregard this form.

- ❖ Once added, Dental cannot be dropped.
- ❖ Your change will become effective January 1, 2023.
- ❖ Premiums effective December 2022 if you add Dental
 - UnitedHealthcare Medicare Advantage Plan with TRB
 - UnitedHealthcare Senior Medicare Supplement Plan with TRB
- ❖ Surviving spouses become ineligible upon remarriage.
- ❖ Spouses are ineligible for coverage upon divorce or legal separation.

Without Dental	With Dental
\$33	\$83
\$276	\$326

Last Name:	First Name:	M.I.	Date of Birth:	Social Security Number:
Street Address:				
Physical Address:	A physical address is required if providing a PO Box			
City:	State	Zip Code	Phone Number:	Select One:
				Home Cell
Email Address:	All correspondence will be sent through email unless otherwise specified			
<input type="checkbox"/>	By checking this box and signing below you are acknowledging your enrollment into dental with TRB			
Enrollee's Signature:		Date:		
Retiree Signature: (If not enrollee)		Retiree SSN:		

Fax to (860) 622 -2849 or Mail Completed Original Form to:
CT Teachers' Retirement Board
165 Capitol Avenue
Hartford, CT 06106-1673