TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford CT 06106-1673
1 (800) 504 - 1102

2024 Dental Disenrollment Request Form

Member First Name	Member Last Name	Social Security Number
Email		Phone

*please note one form must be completed per participant. Retiree and spouses must submit separate forms if both individuals are disenrolling from the dental plan

By completing this form, you hereby request cancellation of dental coverage through the Connecticut Teachers' Retirement Board. You acknowledge understanding that this is a permanent disenrollment from this plan and forfeit any ability to re-enroll in this plan at any future date, unless the Connecticut Teachers' Retirement Board deems otherwise. All remaining Connecticut Teachers' Retirement Board sponsored coverage will remain in effect unless the completion of a Health Insurance Cancellation Form is received.

I understand that my signature (or the signature of the person I have authorized to make decisions on my behalf) on this form acknowledges understanding of the above mentioned statements and termination of dental coverage through the Connecticut Teachers' Retirement Board.

Signature	Date