



TEACHERS' RETIREMENT BOARD

165 Capitol Avenue
Hartford, CT 06106-1673

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

Dental Coverage Upgrade Form

Complete this form if:

- You are an active health insurance participant who enrolled prior to 2015 and elected not to include dental
- You would like to add this coverage

Do not complete this form if:

- You are an active health insurance participant who
 - Enrolled prior to 2015 and elected not to include dental and do not wish to add dental coverage or;
 - Enrolled at any time and elected to permanently drop or waive dental coverage.
 - Have active dental coverage with TRB

Complete this form and return to TRB no later than **November 22, 2024**.

- ❖ Once added, Dental cannot be dropped.
- ❖ Your change will become effective January 1, 2025.
- ❖ Premiums effective December 2024 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
\$94	\$148
\$269	\$323

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
Personal 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, Email to healthinsurance.trb@ct.gov, or Mail Completed Original Form to:
CT Teachers' Retirement Board
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