

**TEACHERS' RETIREMENT BOARD**

165 Capitol Avenue
Hartford, CT 06106-1673

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

Coverage Upgrade Form**Add Dental for existing TRB Health Plan Members**

If you are currently enrolled in the TRB Health Insurance plan for Medical and Prescription Drug only and would like to add dental coverage, please complete this form and return to TRB no later than **November 21, 2025**.

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, 2026.
- ❖ Premiums effective January 2026 if you add Dental
 - Aetna Medicare Advantage Plan with TRB
 - The Hartford 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
\$101	\$157
\$259	\$315

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:	

Submit Completed Forms by:

Fax: (860) 622 -2849

Email: HealthInsurance.TRB@ct.gov

Mail: CT Teachers' Retirement Board
165 Capitol Avenue
Hartford, CT 06106-1673