

**TEACHERS' RETIREMENT BOARD**

165 Capitol Avenue
Hartford, CT 06106-1673

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

2027 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 permanent cancellation of dental coverage through the Connecticut Teachers' Retirement Board. You acknowledge understanding that this decision forfeits 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.

Dental Included Premium Amounts		
	Aetna Medicare Advantage PPO ESA Plan and Aetna Medicare RX Offered by Silverscript	The Hartford Group Retiree Health Plan and Aetna Medicare RX Offered by SilverScript
Medical, Prescription Drug, and Dental	\$170.00	\$352.00
Medical and Prescription Drug (no dental)	\$112.00	\$294.00

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
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Submit Completed Forms by:

Fax: (860) 622 -2849

Email: HealthInsurance.TRB@ct.gov

Mail: CT Teachers' Retirement Board

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