



TEACHERS' RETIREMENT BOARD

165 Capitol Avenue
Hartford, CT 06106-1673

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

HEALTH INSURANCE CHANGE FORM

You can complete this form online!



Scan the QR code in the top right corner of this page or visit our website at portal.ct.gov/TRB, and select the Self-Service link. Once there, you'll see our new Open Enrollment Health Change Request option.

Participant's First and Last Name		Social Security # or TRB #	
Address			
City		State	Zip
Email Address			
Signature		Date	

The CTTRB Annual Open Enrollment period is from October 5 to November 20, 2026. Your current enrollment election will continue for January 1, 2027, if you do not wish to make a change. Please **only complete this form if** you are requesting to make a change to your existing coverage. Plan change elections will be effective January 1, 2027:

I wish to change my enrollment to:		Total Plan Cost (with dental)*
☐	Aetna Medicare Advantage ESA PPO	\$170.00
☐	The Hartford Group Retiree Health Plan	\$352.00
☐	Cancel All Coverage	\$0.00

*If you have waived dental enrollment, it will not be automatically added based on this election. If you wish to add you must complete a coverage upgrade form.

All enrollment changes include vision, hearing, and prescription drug coverage. Cancellation of all coverage will terminate all medical, dental, vision, hearing, and prescription drug coverage affiliated with the Connecticut Teachers' Retirement Board.

Fax to 1-860-622-2849, email to HealthInsurance.TRB@ct.gov or mail completed original form to:

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DO NOT COMPLETE THIS FORM IF YOU DO NOT WANT TO MAKE A CHANGE

All existing coverage will be automatically enrolled in the new plan offering that closest matches the existing plan offering you are enrolled in with the CTRB. This form should only be completed if you wish to change your plan election.

Aetna MedicareSM Advantage ESA for \$170 per month

If you are currently enrolled in the Aetna Medicare Advantage PPO plan and would like to continue that coverage with TRB through the Aetna Medicare Advantage ESA plan, you do not need to complete this form. We will continue your enrollment automatically. If you are currently enrolled in The Hartford Medicare Supplement plan and would like to change your coverage to the Aetna Medicare Advantage ESA plan, please check the appropriate labeled box (1).

The Hartford Group Retiree Health Plan for \$352 per month

If you are currently enrolled in The Hartford Medicare Supplement plan and would like to continue that coverage with TRB through The Hartford Group Retiree Health plan, you do not need to complete this form. We will continue your enrollment automatically. If you are currently enrolled in the Aetna Medicare Advantage PPO plan and would like to change your coverage to The Hartford Group Retiree Health plan, please check the appropriate labeled box (2).

If you no longer wish to have coverage with TRB:

If you wish to cancel all coverage through TRB effective 1/1/2027, please check appropriate labeled box (3). You will not be eligible to enroll for 2 years per TRB guidelines.

If you choose to cancel or opt out of all TRB coverage, you may be eligible to enroll in another Medicare plan in your service area. You can also get information about the Medicare Program and Medicare health plans by visiting medicare.gov on the web or by calling 1-800-MEDICARE (1-800-633-4227), TTY/TDD 1-877-486-2048. Medicare representatives are available 24 hours a day, seven days a week for any general questions you may have about Medicare health benefits.

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