



**CHANGE FORM FOR SPECIAL OPEN ENROLLMENT**  
**CT TEACHERS' RETIREMENT BOARD**

If you have previously submitted a request to change from the current Medicare Supplemental Plan to the Anthem Medicare Advantage PPO plan or you are currently in the Medicare Advantage PPO Plan:

- If you are comfortable with the change you submitted or the plan you are in **NO ACTION IS REQUIRED.**

- If, based on the information provided in the enclosed letter, you wish to change your decision **please check the box and return this form to the address below.** We will move you to the Medicare Supplemental plan administered by Anthem.

I acknowledge that based upon my selection above, Anthem will take the requested action.

\_\_\_\_\_  
 Member Name (Please Print)

\_\_\_\_\_  
 Medicare (MBI) Number

\_\_\_\_\_  
 TRB Member Signature

\_\_\_\_\_  
 Date

IF APPLICABLE, PLEASE RETURN THIS FORM NO LATER THAN DECEMBER 21<sup>ST</sup> TO:

Attn: Anthem GRS Membership (SPEC OE)  
 P.O. Box 110  
 Fond du Lac, WI 54936-0110  
 Fax: 877-494-7195

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