

CT TEACHERS' RETIREMENT BOARD 765 ASYLUM AVENUE 2ND FLOOR HARTFORD, CT 06105-2822

Toll free 1-800-504-1102 (860) 241-8400 Fax (860) 622-2847 "An Affirmative Action/Equal Opportunity Employer" www.ct.gov/trb

MEDICARE ADVANTAGE OPT-OUT FORM

I understand that effective July 1, 2018, Connecticut Teachers' Retirement Board (TRB) is replacing the TRB Medicare Supplement Plan administered by Stirling Benefits with the Anthem Medicare Preferred (PPO) plan. By my signature below, I acknowledge that I **do not** wish to participate in the Anthem Medicare Preferred (PPO) plan offering effective July 1, 2018.

I also acknowledge that:

- Once I opt-out of the Anthem Medicare Preferred (PPO) plan, I will continue enrollment in the TRB Medicare Supplement Plan administered by Stirling Benefits.
- By continuing my enrollment in the TRB Medicare Supplement Plan administered by Stirling Benefits, I understand that I will be responsible for the excess costs of the plan.

If you choose to opt-out, you may be eligible to enroll in another plan in your service area. You can also get information about the Medicare Program and Medicare health plans by visiting www.medicare.gov on the web or by calling 1-800-MEDICARE (1-800-633-4227) TTY/TTD 1-877-486-2048. Medicare representatives are available 24 hours a day, 7 days a week for any general questions you may have about Medicare health benefits.

Member Name			TRB Member Number/SSN
Circle one:	Member	Dependent	Spouse of a Deceased TRB Membe
TRB Member Signature			Date
Kindly provide: A daytime phone number			E-mail Address

IF YOU WISH TO OPT-OUT, RETURN THIS FORM NO LATER THAN MAY 1, 2018 TO:

CT Teachers' Retirement Board 765 Asylum Ave Hartford, CT 06105

Only complete this form if you wish to OPT-OUT of the Anthem Medicare Preferred (PPO) medical plan.