



CT TEACHERS' RETIREMENT BOARD
 765 ASYLUM AVENUE HARTFORD, CT 06105-2822
 "An Affirmative Action/Equal Opportunity Employer"
 Toll free 1-800-504-1102 X8411 or X8432 (860) 241-8411 or (860) 241-8432 Fax (860) 622-2849
<http://www.ct.gov/trb>

TRB HEALTH PLAN CANCELLATION FORM

CANCELING TRB COVERAGE

- This cancellation form must be received by the 25th day of the 2nd month preceding the effective termination date. For example, to terminate coverage June 1st, notification must be received by April 25th.
- Effective January 1, 2015 the TRB sponsored plan is only offered as a single package.
If you opt to cancel, you will not be able to reenroll for two years.

I ELECT TO CANCEL ALL TRB SUPPLEMENTAL HEALTH INSURANCE EFFECTIVE:

_____ / ____ / _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Last Name	First Name	Initial	Home Phone	Cell Phone
Street Address City State Zip Code				
Social Security #	Date of Birth		Email Address	
Signature			Date	

If you were enrolled as the spouse of a retired teacher, please furnish the following:

Retired Teacher's Name	Retired Teacher's Social Security #
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If you were enrolled as the spouse of a deceased retiree, please furnish the following:

Deceased Retired Teacher's Name	Deceased Retired Teacher's Social Security #
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