

CT TEACHERS' RETIREMENT BOARD

"An Affirmative Action/Equal Opportunity Employer"

HEALTH INSURANCE CHANGE FORM

The annual open enrollment period for the upcoming 2020 plan year will be from October 15th - November 25th, 2019. Please see information below related to plan selection options for 1/1/2020:

If you are currently in the Anthem Medicare Advantage PPO p	<u>lan:</u>
 If you are currently enrolled in the Anthem Medicare Adva current plan, NO ACTION IS REQUIRED. 	ntage PPO plan and choose to continue with your
If you are currently enrolled in the Anthem Medicare Adva Medicare Supplement Plan administered by Anthem for Jan form to the address below. Anthem will send you a form to plan. Send to my □ Address or □ Email	nuary 1, 2020, please check this box and return this
If you are currently in the TRB Medicare Supplement plan adn	ninistered by Stirling:
• If you are currently enrolled in the TRB Medicare Supplement automatically be enrolled in the TRB Medicare Supplement January 1, 2020. If you wish to remain in the TRB Medicare REQUIRED.	t plan administered by Anthem effective
• If you are currently enrolled in the TRB Medicare Supplement plan and want to change to the Anthem Med Advantage PPO plan effective January 1, 2020, please check this box and return this form to the address be Anthem will send you a form to enroll into the Anthem Medicare Advantage PPO plan. Send to my □ Address or □ Email	
If you no longer wish to have coverage with TRB:	
 If you wish to cancel all TRB coverage, please return to TRB the completed Health Insurance Cancellation Form available on the TRB website at www.ct.gov/trb. You will not be eligible to re-enroll for two years. 	
acknowledge that based upon my selection above, Anthem will take the r	equested action.
Member Name (Please print)	Medicare (MBI) Number
TRB Member Signature	Date

If APPLICABLE, RETURN THIS FORM NO LATER THAN November 25, 2019 TO:
Attn: Anthem GRS Membership (CTEGR002)
PO Box 110

Fond du Lac, WI 54936-0110 Fax: 877-494-7195