

STATE OF CONNECTICUT TEACHERS' RETIREMENT BOARD

21 GRAND STREET HARTFORD, CT 06106-1500 Toll-Free 1-800-504-1102 (860) 241-8429 Fax (860) 525-6018 www.state.ct.us/trb

TO: School Business Officials

FROM: John W. Coughlin, Jr., Accounting Manager

SUBJECT: Reporting Unit Key Contact Information

DATE: January 16, 2003

We would appreciate your cooperation in helping us update our database for future mailings to your district.

After a cooperative effort by all school districts, we were able to collect the key contact information during our data collection effort a couple of years ago. Since that time, however, we realize that there has been a considerable amount of turnover at the local school district level. Therefore, we seek your assistance in providing us with the name, phone number and e-mail address of the key TRB contact personnel employed by your local school district. These e-mail addresses are important to ensure timely receipt and correction of exceptions/errors to the data being submitted to the Teachers' Retirement Board.

Please complete the enclosed Reporting Unit Key TRB Contact Personnel Information form and return it to our office, preferably by fax to (860) 525-6018 on or before February 14, 2003. Be sure to notify us of any subsequent personnel changes as soon as possible either by fax or by e-mail to john.coughlin@po.state.ct.us

This notice should be posted and the information made available to all staff members who have the responsibility of remitting monthly transmittals to the Teachers' Retirement Board.

Your cooperation in this matter will ensure that future mailings are properly directed to the appropriate personnel.

Specific questions concerning this memorandum should be directed to the Accounting Manager of the Teachers' Retirement Board at (860) 241-8429.

F:shared/towns/contactinfo_011503



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FO: State of Connecticut Teachers' Retirement Board Fax (860) 525-6018				
FROM:	Reporting Unit Name			
	Mailing Address			

Reporting Unit Key TRB Contact Personnel Information

Key Contact	Name	Area code & Phone	E-mail Address	Area code and Fax
Superintendent				
Business Manager				
Health Insurance				
Transmittal Processor				

Please complete and return this form to TRB, preferably by fax, on or before February 14, 2003

Be sure to notify this office of any subsequent personnel changes as soon as possible either by fax or by e-mail to john.couqhlin@po.state.ct.us OR linda.hanson@po.state.ct.us