



CT TEACHERS' RETIREMENT BOARD  
765 ASYLUM AVENUE HARTFORD, CT 06105-2822  
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 [www.ct.gov/trb](http://www.ct.gov/trb)

## REVOCATION OF APPLICATION FOR A DISABILITY ALLOWANCE

This form is to be used by a member to revoke his/her Application for a Disability Allowance and must be received by the Connecticut Teachers' Retirement Board (CTRB) prior to the effective date of the disability allowance or postmarked prior to that date. A facsimile copy is acceptable, provided it is sent to CTRB prior to the effective date.

I \_\_\_\_\_, hereby notify CTRB of my intention to revoke my  
(print name)  
Application for a Disability Allowance that is to become effective as of \_\_\_\_\_  
(print date)

I understand if I become disabled within three months of my revocation, I can resubmit my original application for disability and will not need to be reapproved by the Teachers' Retirement Board Medical Review Committee.

Additionally, I understand that if I become disabled after three months from my revocation I will need to reapply with updated physician's reports and be reapproved by the Teachers' Retirement Board Medical Review Committee.

|                    |                        |
|--------------------|------------------------|
| Member's Name      | Social Security Number |
| Street Address     | Email Address          |
| City, State, Zip   | Home Phone             |
| Member's Signature | Date Signed            |