



CT TEACHERS' RETIREMENT BOARD

"An Affirmative Action/Equal Opportunity Employer"

www.ct.gov/trb

ADDRESS/NAME CHANGE FORM

THIS FORM IS FOR RETIRED, INACTIVE AND ACTIVE STATE EMPLOYEE MEMBERS; SPOUSES OF DECEASED MEMBERS; AND FORMER SPOUSES OF RETIRED MEMBERS.

Last Name		First Name		M.I.	Social Security #
If you are not the member, provide the qualifying member's name.					CTRB Status: <input type="checkbox"/> Former Spouse of member <input type="checkbox"/> Retired <input type="checkbox"/> Inactive <input type="checkbox"/> Active State Employee <input type="checkbox"/> Spouse of Deceased Member
Member Last Name		Member First Name		Mbr M.I.	
Email Address:	Home Phone:	Cell Phone:			
Previous Address:					
City:				State:	Zip:
Signature:				Date:	

New Name (if Name Change)		Effective Date of Change	
New Last Name	New First Name	New M.I.	

Note: Health Plan Participants – A physical address is required if providing a PO Box

Address Line 1:			Physical Address Line 1 (If Different):		
Address Line 2:			Physical Address Line 2:		
City	State	Zip	City	State	Zip

<input type="checkbox"/>	The new address is a facility (such as a Nursing Home or Rehabilitation Center) which requires the resident to obtain prescription medicine through the facility's pharmacy so that the resident cannot do so via mail order. If so, submit a <u>Certification of Residence</u> form, which is available on our website, to CTRB.
<input type="checkbox"/>	I hereby certify that I am no longer a Connecticut resident. Please cancel my CT withholding

Please submit form to:

165 Capitol Avenue
Hartford, CT 06106

You may also Fax to: (860) 525-6018 **or Email to:** trb.benefits@ct.gov