MTRS
MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM

One Charles Park, Cambridge, MA 02142-1206 ■ **Phone** 617-679-MTRS (6877) ■ **Online** mass.gov/mtrs

MTRS Retiree Insurance Change Form

School district _____ Completed by _____ Phone _____

SUBMIT your completed form via e-mail ONLY (no faxes), to: insuranceupdates@trb.state.ma.us.

Last 4 digits of SSN	Name	Action *Change, Add, Cancel*	Coverage Type	NEW Code	NEW Premium	OLD Premium	OLD Code	Coverage Effective Date *mm/dd/yyyy*

Save as... Print Attach completed form to e-mail

Notes

- **Reminder**: Insurance premiums are paid a month in advance (e.g., retirees' premiums for July should be withheld from their benefit checks for June).
- This form is in interactive pdf format, accessible using Adobe Acrobat Reader, and you can save your work.
- Use this form to **add, change or cancel** an individual retiree's or surviving spouse's insurance coverage, either prospectively or retroactively.
- **Questions?** Contact us at **insuranceupdates@trb.state.ma.us**.

Comments, if any