



CONNECTICUT TEACHERS' RETIREMENT BOARD

Health Subsidy Training

For TRB Subsidy Eligibility, Enrollment, and Reporting Tools

AGENDA

- ▶ Definitions
- ▶ The TRB Subsidy Statutes
- ▶ Eligibility
- ▶ Health Subsidy 101
- ▶ Board of Education Responsibilities and Expectations
- ▶ TRB Responsibilities and Expectations
- ▶ The Subsidy Tool
 - ▶ Accessing the tool
 - ▶ What's included
 - ▶ Using the tool
 - ▶ Saving, Submitting, and Confirmation of Receipt
- ▶ The Dental Subsidy
- ▶ Roster Audit Worksheet
- ▶ Subsidy Schedule
- ▶ Important Updates
- ▶ Q&A



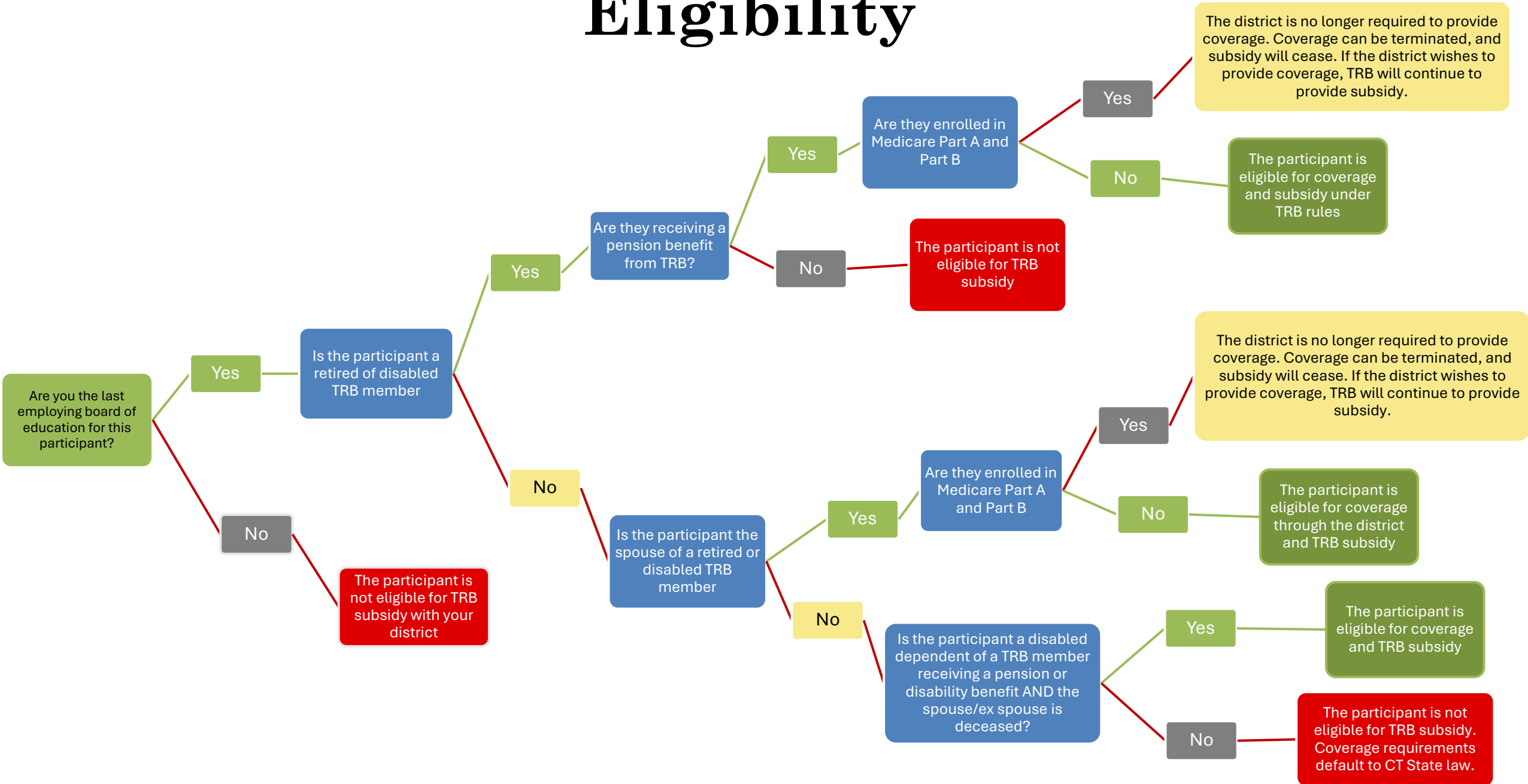
Definitions and Initialisms

- ▶ **TRB** – Teachers' Retirement Board, sometimes referred to as the Teachers' Retirement System (TRS)
- ▶ **BOE** – Board of Education
- ▶ **District** – referencing any board of education, college, or TRB eligible system
- ▶ **Subsidy** – in the case of TRB, a benefit payment paid to a Board of Education to reduce the cost of insurance for a TRB participant or qualifying spouse/dependent
- ▶ **District Health Subsidy Worksheet (DHS)** – the file the Board of Education will complete and submit to the TRB
- ▶ **Participant** – any retiree or qualifying spouse/dependent who is enrolled in a Board of Education sponsored plan and is receiving the health subsidy from the TRB system
- ▶ **Retiree** – the retired **or** disabled teacher receiving a pension or disability benefit from the TRB system

Eligibility and The CTRB Statutes



Eligibility



The TRB Subsidy Statutes

Statue 167a sec 10-183t (b) covers the eligibility for Health Insurance Subsidy

The Basics:

- Specifies eligibility for insurance through the Board of Education for retired teachers and their spouses or disabled dependents
- Mandates the TRB provide subsidy up to \$220 so long as the BOE insurance premium is of equal or greater value
- Identifies when someone becomes ineligible for the TRB Subsidy
- Specifies eligibility for subsidy increase to \$440 under specific circumstance
- Specifies the funds must be used towards the cost of the plan
- Failure to submit a quarterly report shall result in a delay of subsidy payment to the district
 - TRB will only retroactively pay delayed subsidy payments up to 6 months from the first day of the month in the quarter the delayed report was received
 - Participant held harmless if district fails to report subsidy in a timely manner

[Link to: CTRB Agency Statues and Regulations](#)

The TRB Subsidy Statutes – Effective July 1, 2025

Statue 167a sec 10-183t (b) covers the eligibility for Health Insurance Subsidy

- **District reporting deadlines have changed!**

Quarter Covered	District Files Available to Download*	District Files Due – Upload	Corrected Files Due	Payment Date (Last Business Day of-)
January – March	October 1-30 th	December 1 st	December 10 th	December
April – June	January 1 – 30 th	March 1 st	March 10 th	March
July – September	April 1 – 30 th	June 1 st	June 10 th	June
October – December	July 1 – 30 th	September 1 st	September 10 th	September

- Updates to statutory language now prohibit the use of collective bargaining agreements to alter the intent of the statute and maintains that subsidy should be used for the purpose of reducing cost to the eligible participant.
 - Existing collective bargaining agreements that were in place on 6/30/2025 will not be required to be updated. Upon the renegotiation or negotiation of a new collective bargaining agreement, or in the event such existing collective bargaining agreement expires, the statutory requirement will be enforced.
 - Attempts to utilize a collective bargaining agreement to alter the subsidy to reduce district cost for premiums, claims, or any other district benefit will be in violation of this statute.
 - TRB subsidy is a payment provided to districts for eligible participants. It is funded by member contributions into the health fund and is an entitlement **for members**.

[Link to: CTRB Agency Statues and Regulations](#)

Eligibility



Who is eligible for insurance through the Board of Education?

Any retired or disabled teacher is eligible to obtain insurance through their last employing board of education so long as:

- They are receiving a pension or disability allowance from TRB
- They are not enrolled in Medicare Part A **and** Part B regardless of age

Any spouse is eligible to obtain insurance through the retired teachers last employing board of education so long as:

- The retired or disabled teacher is receiving a pension or disability allowance from TRB
- The spouse is not enrolled in Medicare Part A **and** Part B regardless of age

A disabled dependent is eligible to obtain insurance through the retired or disabled teachers last employing board of education so long as:

- The retired or disabled teacher is receiving a pension or disability allowance from TRB
- The spouse or ex-spouse is deceased (at least one parent must be deceased)
- The dependent is not enrolled in Medicare Part A **and** Part B regardless of age

Who is not eligible for insurance through the Board of Education?

Retired or disabled teachers or their spouses/disabled dependents if the teacher is not receiving a TRB pension or disability allowance

Ex-spouses

Dependents who are not disabled

Health Subsidy 101

- There is no age requirement or limitation based on age
 - The subsidy is NOT payable directly to a participant
 - The Health Subsidy is up to \$220 for any eligible participant who obtains insurance through the district
 - If a participant is not eligible for premium free Medicare Part A, then the participant can apply for a subsidy up to \$440
 - Application for the \$440 health subsidy is available on the TRB website under Health Insurance Forms and must be submitted to TRB
 - The Health Subsidy cannot be applied to non-district insurance
 - The Health Subsidy can be applied to just dental only if the participant is not enrolled in a medical plan through the district
 - The TRB Health Subsidy can be applied to only one Board of Ed per participant
 - For example: If retiree and spouse are both teachers with different BOE, TRB will not send a \$220 subsidy for medical coverage under one BOE and dental coverage another BOE
 - If participant enrolls in Medicare Part A and Part B, the BOE is no longer required to continue coverage, and participant can seek coverage directly through the TRB's health insurance options
 - The BOE may choose to continue participant coverage beyond enrollment in Medicare Part A and Part B, but it is no longer required. The TRB Health Subsidy will continue
- If a participant enrolls in a TRB sponsored health insurance plan the subsidy is termed and adjusted for any credit owed to the TRB
 - Each participant is eligible for a subsidy so both retiree and spouses can obtain \$220 each for a total of \$440
 - Any quarterly report received from the district after the due date shall be processed in the following quarter. Failure to timely submit your districts quarterly report will result in a delay of payment and may result in forfeiture of full payment if not received within 6 months.
 - TRB will continue to pay retroactive payments for subsidy reports received after the due date. However, retroactive subsidy payments shall be limited to 6 months from the first day of the month in which the untimely report was received.
 - **Participants are held harmless for a districts failure to submit a timely report**
 - Example: District submits report for Quarter 4 (due 8/1) late. Payment will be delayed 1 quarter and not be remitted until Quarter 1 of the following year.
 - Example: District submits report for participant retro to 7/1/2024 on 8/1/2025. TRB will only retroactively pay to 2/1/2025 as no payment will be made greater than 6 months from the submission date.



Boards of Education/Districts

Your responsibilities:

- ▶ TRB requests that changes be entered and submitted through the District Health Subsidy Worksheet (DHS) method and uploaded using the Secure State site
- ▶ New enrollments, terminations, or deaths should be entered quarterly
- ▶ You will now have the option to report monthly if it is easier for your district but at least one submission per quarter is required
- ▶ Notify TRB if any Participant premium drops below \$220 or \$440
- ▶ Premium changes/renewals will be submitted via the Roster File Audit by the district each year beginning June 2022

Checks and reports are sent to the BOE at the end of the quarter

- ▶ The reports will be attached to the District Health Subsidy Worksheet to be used for the next quarter and should be reviewed for accuracy and to ensure all changes were made
- ▶ Notify the TRB if there is a discrepancy with your payment
- ▶ Complete a Roster File if your district has contractual changes for multiple members (i.e. annual premium rate changes)



The TRB Subsidy Team

TRB will:

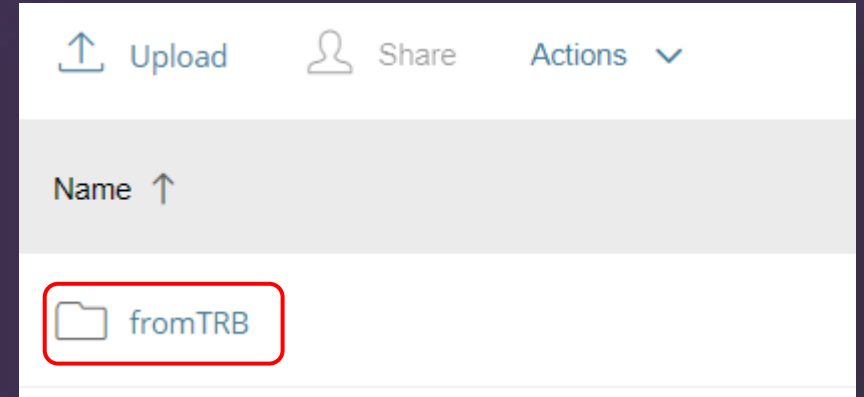
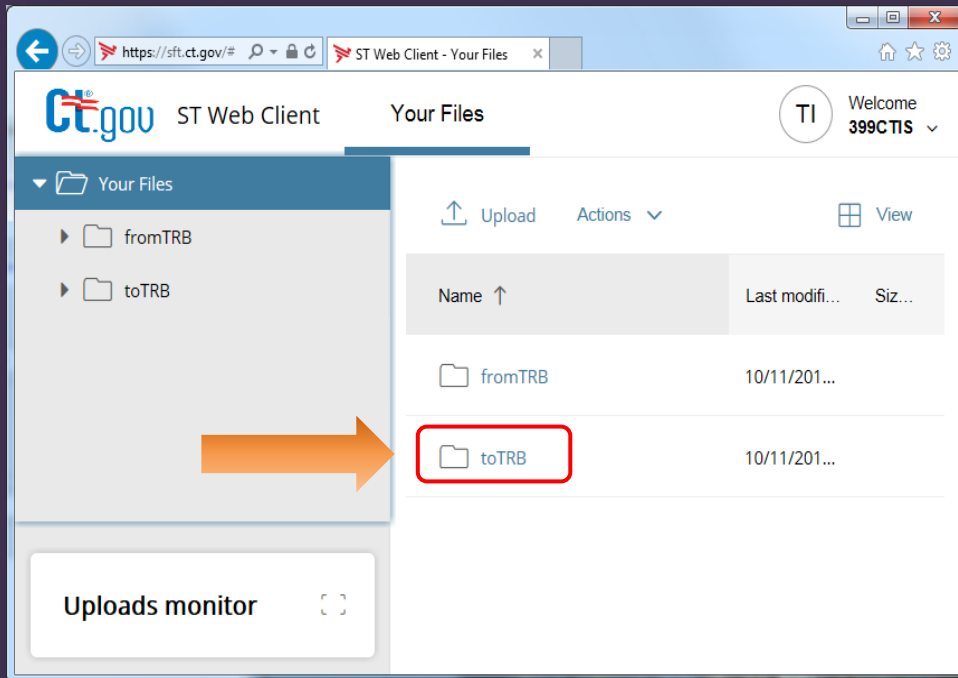
- ▶ Process changes received from DHS Worksheets and adjust accordingly
- ▶ Debit any amount owed to the town as needed
 - ▶ TRB will retro pay the Health Subsidy up to 6 months for missed enrollments
- ▶ Credit any amount owed to TRB
 - ▶ Notification of death after quarter was paid to BOE
 - ▶ Notification of termination after quarter was paid to BOE
 - ▶ Overpayment of premium due to cost of plan being less than maximum subsidy amount
- ▶ Request payment from BOE if amount owed to TRB if no subsidy payment is available to credit from
- ▶ Provide a report to the BOE at the end of the quarter with membership listing included in the District Health Subsidy Worksheet tool
 - ▶ **Note:** Reports are only available for 30 days in the fromTRB folder on the ST Web Client
- ▶ Provide confirmation of receipt of transaction sheet upload within 24 hours
- ▶ Terminate the subsidy for any participants enrolling in the TRB sponsored health insurance plan
- ▶ Review Roster File Audits annually for premium changes and updates

The District Health Subsidy (DHS) Worksheet Tool



Accessing The Tool

- Open the CT ST Web Client Secure File Transfer portal at <https://sft.ct.gov>
- Login using your CTIS account login for your district – if you need login credentials, please contact TRB.Subsidy@ct.gov
 - Open the FromTRB folder



- Inside the FromTRB folder you will find the new District Health Subsidy Tool
- You will need to download the latest version each quarter before you enter your changes – **DO NOT REUSE AN EXISTING FILE**
- You will need to upload the file to the ToTRB folder with your changes before the quarterly deadline

HIGHLIND (399)

ENTER BOE CONTACT INFORMATION	
Last Name:	test
First Name:	test
Email:	test@ct.gov
Phone:	1345678990

SUBSIDY FORM

- The purpose of the change to the District Health Subsidy Tool is to keep all information related to your districts participants in one easy to access location.
- The program will open to a Header page which will include your district name, district TRB ID, and an area you'll need to complete with information on who is completing the form is the contact for TRB if we have questions
- The next section is your Roster sheet. This will look similar to the Roster File districts were asked to complete during auditing, and will also include information you may recognize from the quarterly payment reports
- The final section the BOE add/term/change area. This is where you will enter any updates needed to your districts roster and save the file to be uploaded to TRB

Important: The DHS Worksheet contains protected areas. TRB has locked and protected areas that should not be altered. The District should only enter or access areas that are open to adjust. Example: The District Subsidy roster sheet is locked for editing as this is paystub equivalent information and cannot be altered by the district. Use the form to enter any changes.

[illegible]

Using The Tool – Header Page And Roster Sheet

On the first page of the District Health Subsidy Tool is the name of your district, the district's TRB ID, and the entry field for contact information

- You must enter all fields on the header page before continuing through the tool!
 - TRB needs this information to know who to contact if there is an issue with the report, so your district is not missing out on important updates or payments

The next section is the Roster sheet

Each participant is listed with the plan type, coverage type, and premium amount as provided on the roster audit districts completed in June

- Included is the information that was previously reported on your quarterly payment report which outlines the monthly and quarterly subsidy amount for each participant and any adjustments made by the TRB
- You can click “Generate Subsidy Report” to create a separate excel workbook with just the list of participants and payments should you need this for payroll purposes

HIGHLIND (399)
July - September 2022

ENTER BOE CONTACT INFORMATION

Last Name:	test
First Name:	test
Email:	test@ct.gov
Phone:	1345678990

[DISTRICT SUBSIDY](#) [SUBSIDY FORM](#)

District Health Subsidy Worksheet (as of 06/30/2023)							
CONTACT PAGE		SUBSIDY FORM		GENERATE SUBSIDY REPORT			
LAST NAME		FIRST NAME		MIDDLE NAME	PARTICIPANT	TRB ID	SSN
						DOB	PL

When you receive your DHS worksheet on 9/30/2024, you will be able to generate a Roster File from the District Subsidy tab within the worksheet. You will no longer need to request a Roster File to make group rate updates for health coverage!

Using The Tool – Subsidy Form

Finally, you'll see your subsidy form - This is where you will enter all additions, terminations, or changes to existing participants

- Each entry will require the retiree information be completed even if the reporting is for the dependent of a retired teacher. This is to ensure the subsidy is linked to the appropriate account in our system.
- Complete the transaction information section to indicate the following:
 - Participant = the information you are reporting is for the above TRB participant, the spouse of the above TRB participant, or the disabled dependent of the above TRB participant
 - Selecting a dependent option will open up the Dependent Information fields to be complete (more on this on the next slide!)
 - Transaction = the type of transaction you are reporting
 - Add a new participant
 - Terminate an existing participant – you'll need to select a termination reason and enter the termination date. If you are unsure of an appropriate reason, select "Other" and add a note in the Notes field
 - Change an existing participants demographic or subsidy insurance information

Subsidy Entry Form

TRB RETIREE INFORMATION	
SSN#	999999999
Last Name	DOE
First Name	JOHN
Date of Birth	1/5/1957

TRANSACTION INFORMATION	
Participant	DEPENDENT SPOUSE
Transaction	TERMINATE
Termination Reason	DEATH
Date of Termination/Death	6/28/2022

Using The Tool – Subsidy Form CONT.

The Dependent Information section opens if you select a dependent option from the Participant field in the Transaction Information box

- You will need to report the demographic information for the dependent who is associated with the above entered TRB Retiree

DEPENDENT INFORMATION	
SSN#	999999998
Last Name	DOE
First Name	JANE
Date of Birth	01/06/1957

The Insurance Information section is where you will enter pertinent Health Subsidy details – NOTE: this field locks if you are reporting a termination as it is not required

- BOE Plan Type – There are 4 options listed. Refer to the Header Page link for details on which option applies to your entry.
 - Retired 65+ Non-Medicare are only selected if the participant is receiving a double (\$440) subsidy approved by TRB
 - Retired 65+ Medicare is selected for participants who are on a Medicare plan offered by your district
 - If you are not sure if the participant is eligible for Medicare, they are not receiving a double subsidy and they are over 65 then you would select the Retired 65+ Board Plan
 - All participants under 65 select the Retired Under 65 option

INSURANCE INFORMATION	
BOE Plan Type	
Coverage Plan Type	RETIRED 65+ BOARD PLAN
Dental Group #	RETIRED 65+ MEDICARE
Subsidy Effective Date	RETIRED 65+ NON-MEDICARE
	RETIRED UNDER 65

Using The Tool – Subsidy Form CONT.

Coverage Plan Type – There are 3 options listed. Refer to the Header Page link for details on which option applies to your entry.

- Medical + Dental participants are enrolled in a health insurance package that includes both Medical and Dental
- Medical Only participants are enrolled in a health insurance package that does not include dental
- Dental Only participants are enrolled in a health insurance package that does not include Medical
- Vision and Hearing may be included in the total cost, but TRB does not subsidize vision and hearing only plans

INSURANCE INFORMATION	
BOE Plan Type	RETIRED 65+ MEDICARE
Coverage Plan Type	
Dental Group #	MEDICAL + DENTAL
Susbdy Effective Date	MEDICAL ONLY
	DENTAL ONLY
BOE Monthly Premium Amount	

INSURANCE INFORMATION	
BOE Plan Type	RETIRED 65+ MEDICARE
Coverage Plan Type	DENTAL ONLY
Dental Group #	
Susbdy Effective Date	012-DNTL-1P
	012-DNTL-2P-SPS
BOE Monthly Premium Amount	012-DNTL_ADM-1P
	012-DNTL_ADM-SP

Dental Group # – This is where you would enter the associated group # as provided on your dental rate worksheet

- Existing groups are provided in the drop down. If you do not see the group, you are looking for, or have not provided the group # you can click “Edit” on the right-hand side and the drop down will become a fillable field where you can type in the group ID

INSURANCE INFORMATION	
BOE Plan Type	RETIRED 65+ MEDICARE
Coverage Plan Type	DENTAL ONLY
Dental Group #	012-DNTL-EXAMPLE
Susbdy Effective Date	

Using The Tool – Subsidy Form CONT.

Subsidy Effective Date – Enter the effective date the participant enrolled into the plan or became eligible under TRB statute for the health subsidy

For example: If a retiree is continuing coverage with the district upon their retirement effective 7/1/022 enter that date in the Subsidy Effective date

Cost Sharing – You'll need to enter three pieces of information. The member portion of the plan premium, the district portion of the plan premium.

Member Cost + District Cost = Total Plan Premium

For Example: If the cost for the dental package is \$54 you would enter that amount. TRB will subsidy the total participant cost up to the full subsidy amount of \$220.

More on premium reporting after the next slide!

Notes – enter any additional info you would like to report to TRB here

INSURANCE INFORMATION	
BOE Plan Type	RETIRED 65+ MEDICARE
Coverage Plan Type	DENTAL ONLY
Dental Group #	012-DNTL-2P-SPS
Susbdy Effective Date	07/01/2022
BOE Monthly Premium Amount	

Subsidy Effective Date	07/01/2023
Member Cost Share	300.00
District Cost Share	250.00
Total Plan Premium	550.00

The Buttons

Adds the above entered information to the entry sheet to the right to be reported to TRB



Clears the Subsidy Entry Form so you can start over or cancel an entry

Clears the list of entered changes to the right if you need to start completely over

Exports the entire file to a .CSV format to be saved to your computer and uploaded to TRB

Using The Tool – Subsidy Form CONT.

Adjusting an entry: (OOPS! I made an error)

- If you identify an error on the list, you created using the Subsidy Form you can click the SSN listed in blue in the SSN# column and it will repopulate that entry into the Subsidy form to make corrections. Once complete make sure to click the Add/Update button to update the entry.
- If you need to remove an entry, simply click the Red X to the left of the corresponding line.

Subsidy Entry Form	
TRB RETIREE INFORMATION	
SSN#	
Last Name	
First Name	
Date of Birth	
TRANSACTION INFORMATION	
Participant	
Transaction	
Termination Reason	
Date of Termination/Death	
DEPENDENT INFORMATION	
SSN#	
Last Name	
First Name	
Date of Birth	
INSURANCE INFORMATION	
BOE Plan Type	
Coverage Plan Type	
Dental Group #	
Subsidy Effective Date	
BOE Monthly Premium Amount	
Notes	

+ ADD/UPDATE
↺ CLEAR ENTRY
✖ CLEAR LIST
📄 EXPORT TO CSV

Using The Tool – Premiums

BOE Monthly Premium Amount

The premium entered should follow the below rules:

- The premium should not be more than the total plan cost BEFORE subsidy is applied.
- If the plan is bundled and there are multiple participants use the Individual coverage rate for the retiree and the difference between individual coverage and dependent coverage for the dependent
 - For example: The total cost for Retiree and Spouse is \$2,450 but the cost for the same plan with only the retiree enrolled is \$865 you would enter the premium as:
 - Retiree premium amount \$865, and Spouse premium amount \$1,585
- If the rate is below \$220 and the cost is bundled for a retiree and spouse, provide a split that maximizes the subsidy amount they will receive.
 - For example: The total cost for Retiree and Spouse is \$800, but the cost for the same plan with only the retiree is \$185, you would could enter this two ways:
 - Retiree premium is \$185, and spouse premium is \$615 so subsidy would be \$185 and \$220 respectively or;
 - Retiree premium is \$400, and spouse premium is \$400, so subsidy would be \$220 and \$220 to maximize their subsidy benefit

Entering the premium as two separate entries allows the district and the retiree to receive a full subsidy for each participant. The retiree will receive \$220, and the spouse will receive \$220 for a total of \$440.

- Dental would follow the same rule to allow for a maximum reimbursement under each participant
- Group changes should be done through a Roster Audit. You do not need to enter a change request for each individual participant.

Using The Tool – Saving And Uploading

Saving the District Health Subsidy Worksheet

1. On the Subsidy Form click the EXPORT TO CSV icon at the bottom of the screen
2. A pop up will appear indicating that your file will be named automatically based on TRB naming requirements – click Yes
3. A windows explorer pop-up will appear asking you to select the location on your computer that you would like to save the file. Once you have found a location you can easily remember and reference, click OK



➤ You will receive a confirmation email within 24 hours

Uploading the District Health Subsidy Worksheet

1. Open the CT ST Web Client Secure File Transfer portal at <https://sft.ct.gov>
2. Login using your CTIS account login for your district – if you need login credentials, please contact TRB.Subsidy@ct.gov
3. Open the ToTRB folder
4. Click the Upload icon and select the District Health Subsidy Worksheet you just saved



Dental Subsidy



The Dental Subsidy

Not all participants receive Medical benefits through their BOE. Some participants receive dental coverage only.

Many of these participants receive a subsidy that is below the standard \$220 because dental coverage only has a cheaper monthly premium.

As a result, rate changes need to be submitted to TRB to ensure we provide reimbursement based on what the participant pays for that plan year.

- Using this method makes it easier for BOE staff to submit rate changes without having to enter them individually on the software
- It also allows TRB to make changes quickly in our system and adjust rates for large groups all at once

- Adding or Termining dental subsidy participants is still completed on the TRB District Health Subsidy Worksheet
- Changes to dental premiums are submitted on an Excel spreadsheet that is then uploaded using the ST Web Client
- This allows participants to be grouped based on premium and BOE so we can quickly make changes
- Dental Subsidy changes submitted on the Dental Worksheet should be named using the below format:
 - TRB_Dental_Only_Subsidies_**399**.xls
x
 - The last 3 digits should represent your BOE/District

The Dental Subsidy

TRB asks that you complete the all columns within the spreadsheet

*Note – two additional columns have been added moving forward

The first tab on the excel spreadsheet is for participants who are receiving only dental benefits from the BOE

Last Name	First Name	Coverage	Retiree or Spouse	Dental Rate Eff Date	Dental Rate Term Date	GROUP#	Monthly Rate	Town Number	BOE Name
DOE	JOHN	CIGNA	REITREE	7/1/2020	6/30/2021	399-Dntl-2P	\$48.00	399	SAMPLE BOARD
DOE	JANE	CIGNA	SPOUSE	7/1/2020	6/30/2021	399-Dntl-2P	\$48.00	399	SAMPLE BOARD
SMITH	MICHAEL	CIGNA	RETIREE	7/1/2020	6/30/2020	399-DNTL-MEM	\$32.00	399	SAMPLE BOARD
SMITH	MARY	CIGNA	SPOUSE	7/1/2020	6/30/2020	399-DNTL-SPOUSE	\$36.00	399	SAMPLE BOARD

The second tab of the Excel spreadsheet is where you will provide the rates for different dental covered recipients under your BOE

Town Number	BOE Name	Group #	Group Description	Monthly Dental Rate	Dental Rate From Date	Dental Rate To Date	Plan Year	Comments
399	SAMPLE BOARD	399-DNTL-2P	Cigna 1 person	\$ 48.00	7/1/2020	6/30/2021	2021	
399	SAMPLE BOARD	399-DNTL-MEM	Cigna member rate	\$ 32.00	7/1/2020	6/30/2021	2021	
399	SAMPLE BOARD	399-DNTL-SPOUSE	Cigna spouse rate	\$ 36.00	7/1/2020	6/30/2021	2021	

Group Examples:

399-Dntl-1P
399-Dntl-2P
399-Dntl_Mem
399-Dntl-Spouse
399-Dntl-Teach-1P
399-Dntl-Teach-2P
399-Dntl-Admin-1P
399-Dntl-Admin-2P

The Roster Audit Worksheet

Audits & Group Updates



Summary of Steps

01. Request the File

Send a request to the Subsidy team at TRB by emailing TRB.Subsidy@ct.gov to request a Roster file

02. Download File

Using your CTIS login, access the State secure site and locate the Roster file in your “FromTRB” folder

03. Complete Yellow Fields

Complete the plan type, coverage type, member premium, district premium, and total plan premium fields for EVERY member

04. Upload File

Once your file is filled in, save to a location on your network and upload to the “ToTRB” folder on the State secure site using your CTIS login

05. TRB Reviews

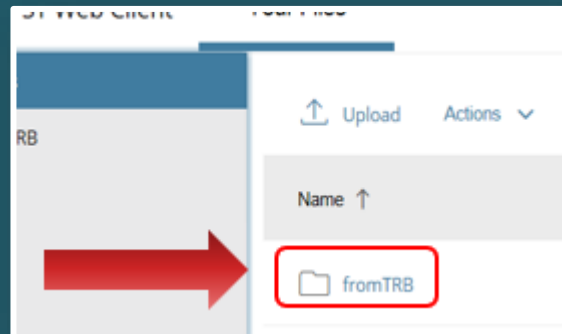
TRB will download and review the file for premium updates and discrepancies

Quarterly District Health Subsidy Worksheets must still be submitted separately!

Requesting and Receiving

To request a complete list of all participants TRB currently shows as receiving a subsidy with your district, you can request a “Roster File,” also sometimes referred to as a “Roster Audit” sheet/file. The TRB will upload the file to your “FromTRB” folder and reply to your email request letting you know the file is ready for your review.

To download the file, you need to log into the CT ST Web Client Secure File Transfer portal, often referred to as the State secure site, using your CTIS login credentials. Click the “FromTRB” folder and right click the Roster File to download.



Hi,
I will need to update our rates for our entire population.
I am requesting a Roster Audit Sheet to make updates.
Thank you.

Hi,
Can you please send an audit file so that I can update insurance rates for July 1, 2023- June 30, 2024?

Hi,
I need to update insurance rates for medical and dental. Please send a Roster Audit Sheet.

The Roster Screen

LAST NAME	FIRST NAME	MIDDLE NAME	PARTICIPANT	MEMBER ID	SSN	EFFECTIVE DATE	CURRENT SUBSIDY	PLAN TYPE
DOE	JANE	B	TRB RETIREE	123456	999999999	10/01/1992	\$ 220.00	
SMITH	SARAH		TRB RETIREE	165432	888667777	07/01/2022	\$ 220.00	
SMITH	MICHAEL	J	DEPENDENT SPOUSE	165432	123456789	02/01/2002	\$ 220.00	
TEST	BARBARA		TRB RETIREE	012345	987654321	07/01/2022	\$ 220.00	

Participant Information

This area is comprised of the participants who are listed in the TRB system as receiving a subsidy through your district. You cannot alter the enrollment status on this file. Any updates to enrollment (adding or terming) would need to be sent via your quarterly District Health Subsidy (DHS) Worksheet.

Plan Type

This column has preset choices you can elect from the drop-down menu. For each participant, select the drop down that most closely relates to their age and plan enrollment.

- **Retired Under 65** – any participant under 65
- **Retired 65+ Non-Medicare** – any participant **currently** receiving a double subsidy from TRB
- **Retired 65+ Medicare** – any participant enrolled in a Medicare plan through the district
- **Retired 65+ Board Plan** – any participant over 65, who is either not enrolled in a double subsidy with TRB or elected to stay with the district, and is enrolled in a non-Medicare plan

If you think a participant may be eligible for double subsidy but they are not receiving a \$440 subsidy from TRB, you can refer them to the Application for Double Subsidy on the TRB website.

Do not list potential recipients under the Retired 65+ Non-Medicare option. This is reserved only for those receiving double subsidy currently.

The Roster Screen

Coverage Type

The coverage type column has a preset list of options pertaining to the coverage package the participant is enrolled in. This may be Medical only coverage, Dental only coverage, or a combination of Medical and Dental. Note: TRB does not subsidize vision and hearing unless the cost is included a Medical or Dental package.

COVERAGE TYPE	
	MEDICAL ONLY
	MEDICAL + DENTAL
	DENTAL ONLY

Member Plan Premium

The member plan premium column is a fillable field where you will enter the participant's portion of the benefit plan they are enrolled in. This amount should be **BEFORE** subsidy is applied.

MEMBER PLAN PREMIUM	
\$	285.00
\$	54.00
\$	-
\$	54.00

District Plan Premium

The district plan premium column is where you will enter the district's share of the benefit plan cost **BEFORE** subsidy is applied.

DISTRICT PLAN PREMIUM	
\$	150.00
\$	-
\$	345.00
\$	-

Total Premium Amount

The total premium amount column is the sum of the member plan premium and the district plan premium for each participant. The member cost share plus the district cost share should equal the total plan cost. If the amounts do not match, TRB will not accept them.

TOTAL PREMIUM AMOUNT	
\$	435.00
\$	54.00
\$	345.00
\$	54.00

LAST NAME	FIRST NAME	MIDDLE NAME	PARTICIPANT	MEMBER ID	SSN	EFFECTIVE DATE	CURRENT SUBSIDY	PLAN TYPE	COVERAGE TYPE	MEMBER PLAN PREMIUM	DISTRICT PLAN PREMIUM	TOTAL PREMIUM AMOUNT
DOE	JANE	B	TRB RETIREE	123456	999999999	10/01/1992	\$ 220.00	RETIRED UNDER 65	MEDICAL ONLY	\$ 285.00	\$ 150.00	\$ 435.00
SMITH	SARAH		TRB RETIREE	165432	888667777	07/01/2022	\$ 220.00	RETIRED UNDER 65	DENTAL ONLY	\$ 54.00	\$ -	\$ 54.00
SMITH	MICHAEL	J	DEPENDENT SPOUSE	165432	123456789	02/01/2002	\$ 220.00	RETIRED 65+ MEDICARE	MEDICAL + DENTAL	\$ -	\$ 345.00	\$ 345.00
TEST	BARBARA		TRB RETIREE	012345	987654321	07/01/2022	\$ 220.00	RETIRED 65+ BOARD PLAN	DENTAL ONLY	\$ 54.00	\$ -	\$ 54.00

Roster Completion

Once you have completed your roster file you should have something like the example above.

Important Notes:

- Any participant left blank are presumed to be terminations or \$0 cost and will be terminated by TRB
- If a district pays all of the cost for a participant, then \$0 should be entered into the Member plan premium field
- If a member pays all of the cost of a benefit plan, then \$0 should be entered in the district plan premium field

Missing Information

If you identify an error on your report such as a participant not listed on the Roster, you will need to send these corrections on your quarterly DHS worksheet

Sending the Roster

Once you have completed the Roster simply save the file to a location on your network. You will need to log into the Secure FTP site using your CTIS login and access the “ToTRB” folder. Click the Upload icon and locate the saved file on your network. Once uploaded, TRB will take it from there!

Roster Files are not part of the auto-confirmation process. You will not receive a confirmation email until a member of TRB staff has reviewed your file.

TRB HEALTH SUBSIDY SCHEDULE

Quarter Covered	District Files Available to Download*	District Files Due – Upload	Corrected Files Due	Payment Date (Last Business Day of-)
January – March	October 1-30 th	December 1 st	December 10 th	December
April – June	January 1 – 30 th	March 1 st	March 10 th	March
July – September	April 1 – 30 th	June 1 st	June 10 th	June
October – December	July 1 – 30 th	September 1 st	September 10 th	September

Failure to submit your file or corrections by the due date may delay your subsidy payment until the next quarter. Contact TRB.Subsidy@ct.gov with questions or concerns.

Subsidy payments for quarters where the submissions are not made within 6 months of the file due date are subject for forfeiture.

*Files are located within the “FromTRB” folder in your CTIS account. All files are automatically deleted after 60 days.

- Do not submit duplicate files in the same quarter
 - If you need to submit a corrected file or aren’t sure if you have already submitted a file for a specific quarter, please contact TRB at TRB.Subsidy@ct.gov
 - Duplicate files will not be processed if submitted without contact TRB first
- Do not send participant information through an unsecure email



Looking Ahead

The CTRB has begun transitioning to a new pension management platform known as CORE

Beginning September 2025, the due dates for submission of your DHS worksheet have changed

Payments will continue to be paid quarterly

Districts will be notified when Town Subsidy is transitioned to the new platform

Roster Audit Worksheets will be sent to all participating districts for you to review and return to TRB

Question and Answer



- **Is the disabled dependent subsidy in addition to retiree and spouse?**
 - No. The TRB will only cover a disabled dependent in the spouse or ex-spouse is deceased. If the retiree is deceased, then the TRB will cover the spouse and disabled dependent.
- **How do I check if a retiree is eligible or what board they last contributed from?**
 - You can reach out to the TRB Health Subsidy mailbox at TRB.Subsidy@ct.gov
- **If a retiree is on the medical and receiving dental, do I report them separately?**
 - No, you would only report dental separately if they are receiving no other benefits
- **I sent a DHS Worksheet but did not get a confirmation, how do I check this?**
 - First, check your work. Did you upload outside of the toTRB folder? If so, you will not receive a confirmation email. If you did the steps correctly, email TRB and we will look for the issue.
- **Can a retiree stay on the insurance even after 65?**
 - Yes! There is no age limit to the subsidy. Eligibility only ends when they enroll in Medicare Part A and B or stop receiving a pension/disability allowance.
- **My district did not submit a quarterly DHS Worksheet, can I submit it late?**
 - Yes, we will accept delayed reporting but keep in mind there may be a delay or omittance of payment if it is considered untimely.