



Vermont State Teachers' Retirement System (VSTRS) Plan Change Form

Vermont Blue Advantage Group PPOSM

You only need to complete this form if you wish to change your plan.

You do not need to return this form if you are making no changes.

If you wish to elect a different Vermont State Teachers' Retirement System (VSTRS) Medicare Advantage plan option effective January 1, 2024, you must complete and **return this form no later than Nov. 10, 2023.**

Retiree name (please print):

I want to change my VSTRS' Medicare Advantage plan effective January 1, 2024, to:

- JY with prescription drug coverage
- Comprehensive with prescription drug coverage
- VSTRS 65 with medical coverage only. (This plan is designed for people who do not need Part D drug coverage.)

Retiree signature

Date

Street address, city, state, and zip

(_____)

Phone Number

E-mail

To change your plan to a different VSTRS' Medicare Advantage plan, **return this change form no later than Nov. 10, 2023.**

Mail to:

Vermont State Teachers' Retirement System
Office of the State Treasurer
109 State Street, Floor 4
Montpelier, VT 05609-6200

OR

Email to: TRE.RetirementBenefitPayroll@vermont.gov

OR

Fax to: 1-802-828-5182

For questions about this form, eligibility, and premium contribution questions, please contact the Vermont State Teachers' Retirement Office toll-free at **1-800-642-3191**, Monday through Friday, 7:45 a.m. to 4:30 p.m., Eastern time. TTY users call **711**.