StirlingBenefits™
Evolving the Business of Benefits℠

Teachers' Retirement Board

CT. STATE TEACHERS' RETIREMENT BOARD
CLAIM FORM

Member Information

FULL NAME OF MEMBER: _____
Patient Name

ADDRESS: _____
Street City State Zip

ID NUMBER: _____ **Phone (_____)** _____

EMAIL ADDRESS: _____

MEMBER SIGNATURE: _____

Provider Information

Type of claim (please check):

- ☐ Vision
- ☐ Hearing
- ☐ Out of Country

Date of Service: _____

Provider Name: _____

Please mail this completed form along with a copy of your itemized bill to:

STIRLING BENEFITS, INC.
ATTN. TRB UNIT
20 ARMORY LANE
MILFORD, CT 06460-3347

If you prefer, you may also fax the claim to (203) 876-1465