

TRTA Health Care Committee

DISTRICT ANNUAL REPORT FORM due March 1

Please include information from the Local Unit Annual Reports on this form.

Attach Local Unit Reports to this District Report and submit to your State Health Care Committee Member

District # _____ District Health Care Committee Chair _____

Phone # _____ Email _____

Name of Local Unit	# Members	# 1	# 2	# 3	# 4	
Ex: Geezer County Retired Educators	63	Yes	Yes	Yes	No	
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