GIC ENROLLMENT/CHANGE FORM (FORM-1)

Health, Basic Life, Optional Life, and Long Term Disability Insurance

Commonwealth of Massachusetts
Group Insurance Commission

REQUIRED

INSURED INFORMATION

Insured Information	GIC-ID (usually Soc. Sec. #) – –	Sex ☐ M ☐ F	Date of Birth / /	Dept. ID # or Agency/Division # /
	Name – Last	First		MI
Address	Street	City	State	Zip
Contact Information	Home or Cell Phone ( )	Work Phone ( )	Email	Country *(if not USA)*
Employment Information	Bargaining Unit/Union Name	HR/CMS or UMASS Employee ID #	☐ Full-time ☐ Part-time Hours/week:	Date of Hire / /

REQUIRED

Select all that apply:

- ☐ New Enrollment
- ☐ Annual Enrollment
- ☐ Adding Dependent(s)
- ☐ Address Change
- ☐ Dropping Dependent(s)
- ☐ Name Change
- ☐ Decline GIC Health Insurance
- ☐ Decline All GIC Coverage

Qualifying Status Change

- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Divorce/Legal Separation
- ☐ Change in Dependent Eligibility Status
- ☐ Gain of Other Coverage

Date of Event: ____ / ____ / _____

- ☐ Involuntary Loss of Other Coverage
- ☐ Return from FMLA or Military Leave
- ☐ Death of spouse/dependent
- ☐ Spouse's Annual Enrollment
- ☐ Moved out of health plan's service area

HEALTH, BASIC LIFE, OPTIONAL LIFE AND LTD

Effective Date: / 01 /

- ☐ **Basic Life Only**
- ☐ **Long Term Disability (LTD)**
- ☐ **Basic Life and Health**

(For GIC Coordinator use only)
Annual Salary: $_____
Salary Effective Date: _____ / _____ / _____

Cancel Coverage

- ☐ Long Term Disability (LTD)
- ☐ Health Insurance
- ☐ Optional Life Insurance

Health Plan

- ☐ Fallon Direct (HMO)
- ☐ Fallon Select (HMO)
- ☐ Harvard Pilgrim Independence (POS)
- ☐ Harvard Pilgrim Primary Choice (HMO)
- ☐ Health New England (HMO)
- ☐ NHP Prime–Neighborhood Health Plan (HMO)
- ☐ Tufts Health Plan Navigator (POS)
- ☐ Tufts Health Plan Spirit (HMO-type)
- ☐ UniCare State Indemnity/Basic CIC: ☐ Yes ☐ No
- ☐ UniCare Community Choice (PPO-type)
- ☐ UniCare/PLUS (PPO-type)

Coverage Election

- ☐ Individual
- ☐ Family

Optional Life

Enrollment/Change: *(check one)*

☐ **Automatic Increase** – *select multiple of salary*
☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x ☐ 7x ☐ 8x
Multiple Factor 2-8 times is allowed only with Automatic Increase.

☐ **Fixed Amount** – Amount $_____
Will not increase as your salary increases. No more than $1,000 less than annual salary rounded down to the nearest $1,000.

Family Status Change:
(Check one and complete Qualifying Status Change box above)

☐ **Automatic Increase** – *select multiple of salary*
☐ 1x ☐ 2x ☐ 3x ☐ 4x

☐ **Fixed Amount** – Amount $_____
Will not increase as your salary increases. No more than $1,000 less than annual salary rounded down to the nearest $1,000.

Please Check One:

- ☐ **Smoker**
- ☐ **Non-Smoker**
  Yes, I have been tobacco free for the past 12 months and choose the lower optional life insurance rates.

SPOUSE/DEPENDENT INFORMATION *(See instructions on back)*

For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	

FORMER SPOUSE INFORMATION – If Listed Above

Date of Divorce: / /

Are you remarried? ☐ Yes ☐ No	Date of your remarriage: / /	Has your former spouse remarried? ☐ Yes ☐ No	Date of former spouse's remarriage: / /
Address: Street		City	State / Zip

SIGNATURE REQUIRED

AUTHORIZATION – I have read the instructions on the reverse side of this form and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected. I understand that due to IRS regulations, my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation for health insurance changes within 60 days of the event. Family status change documentation for optional life enrollment and changes must be received by the GIC within 31 days of the qualifying event.

Signature of Applicant:_____ Date: _____

Signature of Authorized Official: _____ Date: _____

For GIC Use Only	Entered	Verified	Political Subdivision

(See over for Form-1 instructions)

ENROLLMENT/CHANGE FORM (FORM-1) INSTRUCTIONS

For an overview of your GIC benefit options, see your GIC Benefit Decision Guide www.mass.gov/gic/bdgs.

Deadlines and Required Documentation

- **Required Documentation:** To add a spouse or dependent to coverage, documentation is required. Refer to dependent information section below for details.
- **New Hire:** Completed paperwork and required documentation must be received by your GIC Coordinator no later than your 10th calendar day of regular, benefit eligible employment.
- **Annual Enrollment:** Completed paperwork and required documentation must be received by your GIC Coordinator (active employees) or the GIC (retirees and survivors) by the end of the Annual Enrollment period.
- **Qualifying Family Status Change for Optional Life:** State employees actively at work who have the following qualifying family status changes during the year may enroll in or increase their optional life insurance coverage without any medical review in an amount up to a maximum of four times their salary: marriage, birth/adoption, divorce and death of a spouse. Proof of the qualifying event and the completed form must be received by the GIC within 31 days of the qualifying event. You must already have basic life insurance for this option. Forms received after 31 days are subject to proof of good health.
- **Qualifying Status Change for Health Insurance:** State employees and retirees who have a qualified status change during the year can enroll in GIC health insurance or change from individual to family coverage or family to individual with proof of the family status change. Documentation of the event and the completed form must be received at the GIC within 60 days of the qualifying event. Forms and documentation received after 60 days are returned and you may re-apply during Annual Enrollment.
- **Return from FMLA or Military Leave:** If you voluntarily canceled GIC health insurance coverage at the beginning of your FMLA or military leave of absence, you can re-enroll in GIC basic life and health insurance coverage upon your return from leave. Optional Life and Long Term Disability are subject to evidence of insurability unless you are returning from a military leave. The enrollment form must be received at the GIC within 60 days of the return to work. Forms received after 60 days are returned and you may re-apply during Annual Enrollment.

Work Hours and Eligibility

Active state employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek and must contribute to your Employer's public sector retirement system. For GIC purposes, OBRA is not such a retirement system. For additional eligibility details, refer to the GIC's Regulations: www.mass.gov/gic/regulations.

Long Term Disability

New state employees can enroll within 10 days of hire in Long Term Disability without providing evidence of good health. Current active state employees can apply at any time, but are subject to proof of good health.

Optional Life Insurance

New state employees can enroll within 10 days of hire in Optional Life Insurance for a coverage amount of up to eight times your salary without the need for any medical review. Current active state employees can apply at any time, but are subject to proof of good health. If you select an amount of Optional Life Insurance that is a multiple of your salary of two to eight times, up to $1.5 million maximum, you will be enrolled in the Automatic Increase; your Optional Life Insurance coverage will increase automatically after an increase in your salary. If you elect to change from a fixed amount (where your coverage does not increase as your salary increases) to Automatic Increase, you will be subject to proof of good health.

Dependent Information and Required Documentation

In order to enroll your eligible spouse, former spouse and/or dependents in GIC health insurance, you must enter their information in the spouse/dependent box and provide a copy of a marriage certificate, birth certificate, separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you list as a dependent. If covering a former spouse, also complete the former spouse information section. Failure to provide required documentation with this enrollment/change form will result in your spouse/dependent not being covered. If you are deleting a spouse or dependent under age 19, you must provide proof of other health insurance coverage. The Centers for Medicare and Medicaid, a federal government agency, requires that valid Social Security Numbers be provided for each dependent to be covered under the health plan. Please indicate the exact date of birth for each dependent. To cover a dependent age 19 to 26, you must also provide a completed Dependent Age 19 to 26 Enrollment and Change Form.

Form and Documentation Submission

Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

Active employees: Return completed form and documentation to your GIC Coordinator.

Retirees: Return completed form to the GIC, P.O. Box 8747, Boston, MA 02114

(See over for Form-1)