MUNICIPAL ENROLLMENT/CHANGE (FORM-1MUN)

Health Insurance

This form is intended for use ONLY by GIC members without access to a digital device. GIC members with an up-to-date email address on GIC records received a registration email for the **MyGICLink Member Benefits Portal**. MyGICLink allows GIC members to view their benefits throughout the year and update coverage during Annual Enrollment or if experiencing a qualifying event in just a few minutes. Learn more at **mass.gov/mygiclink**. If you haven't received a MyGICLink registration email, please include your email on this form.

REQUIRED

INSURED INFORMATION

Insured Information	GIC-ID (usually Soc. Sec. #) – –	Sex ☐ M ☐ F	Date of Birth / /	Dept. ID # or Agency/Division # 666 / 0288
	Name – Last	First		MI
Address	Street	City	State	Zip
Contact Information	Preferred Phone ( )	Preferred Email		Country *(if not USA)*
Employment Information	Date of Hire (must be completed) / /	Name of Municipality Town of Sudbury		

REQUIRED FOR ALL NEW ENROLLMENTS

For Agency Use Only	Does the employee participate in a public retirement system? ☐ Yes ☐ No	Check one: ☐ Full-time ☐ Part-time	Number of work hours/week:

REQUIRED

Select all that apply:

- ☐ New Enrollment
- ☐ Annual Enrollment
- ☐ Adding Dependent(s)
- ☐ Address Change
- ☐ Dropping Dependent(s)
- ☐ Name Change
- ☐ Decline GIC health insurance coverage

Qualifying Event (Date of Event: ____ / ____ / _____)

- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Divorce/Legal Separation
- ☐ Change in Dependent Eligibility Status
- ☐ Gain of Other Coverage
- ☐ 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 PLAN - Select ONLY **ONE**

Effective Date: / 01 /

Massachusetts Residents:

- ☐ Harvard Pilgrim **Quality (HMO)**
- ☐ Health New England **(HMO)**
- ☐ Mass General Brigham Health Plan **Complete (HMO)**
- ☐ Wellpoint **Community Choice (PPO-TYPE)**

Massachusetts & New England Residents:

- ☐ Harvard Pilgrim **Explorer (POS)**
- ☐ Wellpoint **Total Choice (Indemnity)**
- ☐ Wellpoint **Plus (PPO-TYPE)**

Nationwide excluding New England Residents:

- ☐ Harvard Pilgrim **Access America (PPO)**

Coverage Election: ☐ Individual ☐ Family

Cancel Health Insurance Coverage: ☐ Yes ☐ No

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 coverage). I understand that the GIC must receive any required documentation for health insurance changes within 60 days of the event. **You must notify the GIC of a legal separation, divorce or remarriage of you or your former spouse; coverage for a former spouse ends upon remarriage. Failure to notify the GIC can result in financial liability to you.**

Signature of Applicant: _____ Date: _____

Signature of Authorized Official: _____ Date: _____

This form may only be signed by the employee/retiree or someone authorized by the GIC to sign on the employee/retiree's behalf.

(See over for Form-1MUN instructions)

MUNICIPAL ENROLLMENT/CHANGE (FORM-1MUN) INSTRUCTIONS

For an overview of your GIC benefit options, see your GIC Benefit Guide at mass.gov/GIC

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 forms and required documentation must be received by the GIC within 21 days of your hire date. If you miss the deadline, you must wait until the next Annual Enrollment period to enroll in GIC health insurance benefits.
- **Annual Enrollment:** Completed forms and required documentation must be received by the GIC by the end of the Annual Enrollment period.
- **Qualifying Status Change for Health Insurance:** Municipal employees and retirees who have a qualified status change during the year can enroll in GIC health insurance or change from individual to family or family to individual coverage 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 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 health insurance coverage upon your return from 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 municipal 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: **mass.gov/law-library/gic-regulations**.

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 or hospital announcement letter (newborns only), 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. Do not send original documents because they will not be returned. If you are removing a spouse or dependent under age 19, you must do so during Annual Enrollment or within 60 days of a qualifying event. Under federal health care reform, Social Security Numbers must be provided for each spouse/dependent to be covered under the health plan. For a newborn only, the Social Security Number can be provided at a later date. Please indicate the exact date of birth for each dependent.

Form and Documentation Submission

Effective dates of coverage cannot be changed after coverage election has been made and submitted to GIC. Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

ONLINE: Visit **bit.ly/giconlineforms** to request and submit your enrollment form(s).

MAIL: Active Employees – Return completed form and documentation to your GIC Coordinator.

Coordinators please mail form to:
Group Insurance Commission
PO Box 556, Randolph, MA 02368.

(See over for Form-1MUN)