RETIREE & SURVIVOR ENROLLMENT/CHANGE (FORM-RS)

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.

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	Number													
Retirement Name of State Agency or Municipality retired from Do you receive a monthly pension from Date of Retirement									nt					
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		Name of Deceased Employee or Reti		Retiree	Deceased Employee's/Retiree's Soc. Sec.			Have you remarried?						
Survivor Information			• • •			#			☐ Yes Date of remarriage///					
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REQUIRED	☐ Adding Dependent(s) ☐ Cancel GIC health in				ce Divorce/Legal Separation D						e/depend			
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□ Annual Enrollment during a qualifying event Eligibility Status □ Moved out of health MEDICARE PLAN – Select ONLY ONE if you and/or your spouse/covered dependents are enrolled in Medicare Effect														
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□ Wellpoint Medicare Extension (Supplement) □ Family														
NON-MEDICARE PLAN - Select ONLY ONE if you and/or your spouse/covered dependents are not enrolled in Medicare														
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GIC RETIREE/SURVIVOR ENROLLMENT AND CHANGE FORM (FORM-RS) INSTRUCTIONS

Use this Form-RS to make GIC health plan changes for a qualifying status change, at Annual Enrollment, and for enrolling in GIC health insurance for the first time at retirement.

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. Do not send original documents because they will not be returned. Visit our website for the Required Documentation list: mass.gov/info-details/gic-forms.
- If you and/or your spouse is **Medicare eligible** and not already enrolled in GIC Medicare coverage, the following documentation is needed:
 - Be sure to indicate you and/or your spouse's Medicare Claim number on the front of this form.
- If you and/or your spouse are over age 65 and not eligible for Medicare and have not already provided the following documentation to the GIC, it must accompany this form:
 - Social Security Denial letter stating that you and/or your spouse are not eligible for Medicare Part A for free.
- Annual Enrollment: Completed forms and required documentation must be received by the GIC by the end of the Annual Enrollment period.
- Qualifying Status Change: Retirees and survivors with a qualifying status change must submit completed forms with proof of the qualifying status change (e.g., marriage or divorce) to the GIC within 60 days of the qualifying event.

Enrolling in health insurance for the first time: Use this form in addition to Form-1A to enroll at retirement in GIC health insurance for the first time. You must send with this form a copy of the letter from your retirement board approving your retirement. State retirees please note that your health insurance election includes basic life insurance.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare. Be sure to choose "individual" Non-Medicare coverage if only covering one Non-Medicare family member; select "family" Non-Medicare coverage if covering two or more Non-Medicare family members.

If enrolling in one of GIC's Medicare Plans, you will be automatically enrolled in the GIC's SilverScript Medicare Part D prescription drug plan. After your enrollment is processed by the GIC, you will receive a mailing from SilverScript with information about the plan and advising you that you have the choice to opt out of the prescription drug plan.

IMPORTANT: The opt-out letter is required by Medicare, but we do not recommend that you do so because if you opt out of SilverScript, you will lose your GIC medical, prescription drug and behavioral health coverage. If you enroll in another non-GIC Medicare Part D plan anytime throughout the year, you will lose your GIC medical, prescription drug and behavioral health coverage.

Tufts Medicare Preferred: If canceling or changing from this plan to another GIC Medicare option, you must also complete and send to the GIC a Medicare Advantage Plan/Disenrollment form.

Form and Document 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: Mail completed form to the GIC: Group Insurance Commission PO Box 556, Randolph, MA 02368.