

# MUNICIPAL EMPLOYMENT STATUS CHANGE (FORM-1AMUN)

## Transfers, Terminations, and Retirement



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](http://mass.gov/mygiclink). If you haven't received a MyGICLink registration email, please include your email on this form.

REQUIRED						INSURED INFORMATION							
REQUIRED	Insured Information	GIC-ID (usually Soc. Sec. #) - -			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	Dept. ID # or Agency/Division # /						
		Name – Last			First			MI					
	Address	Street				City		State	Zip				
		Contact Information	Preferred Phone ( )		Preferred Email				Country (if not USA)				
Employment Information	Date of Hire: / /			Number of work hours/week:		Name of Municipality employed or retiring from:							

TRANSFERS AND TERMINATION			Effective Date (for GIC use only) / 01 /			
Transfer from	Name of Agency/GIC Municipality				Last Day of Work: / /	
Transfer to	Name of Agency/GIC Municipality				Hire Date: / /	
Termination of Service Coverage (if elected)	Termination reason				Last Day of Work: / /	
<input type="checkbox"/> 39-week Layoff Coverage <input type="checkbox"/> Deferred Retiree (See reverse) <input type="checkbox"/> COBRA (must complete COBRA application) <input type="checkbox"/> Conversion (contact carrier for application)						

SCHOOL DEPARTMENT TERMINATION		
Employees who leave employment at the end of the school year only:	Termination Date: / /	Premiums Paid Through: / /

RETIREMENT	Date Retired: / /	Effective Date (for GIC use only) / 01 /
<b>Health Insurance Election</b> (If enrolling in GIC benefits for the first time, also complete Form-RS) Medicare Eligibility – check if applicable: <input type="checkbox"/> Insured <input type="checkbox"/> Spouse    Medicare plan election form will be mailed to eligible members.		<input type="checkbox"/> Cancel Health Insurance
Non-Medicare Plan Election for insured and/or spouse not eligible for Medicare: <input type="checkbox"/> Keep current health plan <input type="checkbox"/> Change Non-Medicare Plan election to Plan name: _____		
<b>GIC Retiree Dental</b> (Only if municipality participates - list of participating municipalities can be found on the reverse side of Form-MRD) <input type="checkbox"/> I wish to enroll in GIC Retiree Dental and have completed and submitted the GIC Municipal Retiree Dental Enrollment and Change Form to the GIC. <input type="checkbox"/> I do not wish to enroll in the GIC Retiree Dental at this time Note: You must apply for the retiree dental plan within 60 days of your retirement		

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 within 60 days of the event. <b>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.</b>	
	Signature of Applicant: _____	Date: _____
Signature of Authorized Official: _____	Date: _____	
<b>This form may only be signed by the employee/retiree or someone with legal authority to sign on behalf of the employee/retiree.</b>		

# GIC MUNICIPAL EMPLOYMENT STATUS CHANGE FORM (FORM-1AMUN) INSTRUCTIONS

Use this Form-1AMUN for all employment status changes including retirement. If enrolling in GIC health insurance coverage for the first time at retirement, you must also complete and return Form-RS.

**For an overview of your GIC benefit options, see your GIC Benefit Guide at [mass.gov/GIC](https://mass.gov/GIC)**

## Transfers and Terminations

Because GIC premiums are paid a month in advance, coverage terminates at the end of the following month after you leave a state agency or GIC participating municipality (for example, if you leave June 10, your coverage will end July 31). If you are hired by a state agency, authority, or participating municipality before the coverage end date, you are considered a transfer and will not be subject to the new hire waiting period. You must remain in the same health plan. For other GIC benefits, the same rule applies. If you are hired after the coverage end date, you are subject to the new hire waiting period. If an employee is terminating state service, he/she may continue GIC health coverage and must indicate the option elected. Please put the termination reason (e.g., resigned or laid off). School department employees who are ending employment at the end of the school year and have prepaid their health insurance premiums through the summer must complete the school department termination section.

## Deferred Retirement

To be eligible for this benefit you must be vested and your funds must remain in a GIC participating retirement system. Any withdrawal of funds or subsequent determination of ineligibility for a pension allowance disqualifies you from deferred retiree benefits.

## Retirement

If you and/or your covered spouse are age 65 or over, and eligible for Medicare Part A for free, you (and your covered spouse, if applicable) must enroll in Medicare Parts A and B to continue coverage with the GIC. If one of you (or other family members) is under age 65, the non-Medicare member(s) will be covered under a non-Medicare plan until he/she becomes eligible for Medicare coverage. Medicare plan election form will be mailed to eligible 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.**

**Reminder:** If you are using a work email to access the GIC's member benefit portal, MyGICLink, be sure to update your email in the member portal to an email that you will have access to after you retire.

## Form and Document Submission

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

**Email completed form to [gic.forms@mass.gov](mailto:gic.forms@mass.gov) or mail to:**

Group Insurance Commission  
PO Box 556, Randolph, MA 02368.