

EMPLOYMENT STATUS CHANGE (FORM-1A)

Leave of Absence, Transfers and Termination, Retirement



REQUIRED 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
REQUIRED	Address	Street		City	State Zip
		Contact Information	Preferred Phone ()	Preferred Email	Country (if not USA)
REQUIRED	Employment Information	Bargaining Unit/Union Name	HR/CMS or UMASS Employee ID #	Number of work hours/week:	Date of Hire / /

LEAVE OF ABSENCE		Effective Date (for GIC use only)
Select One: <input type="checkbox"/> Leave with pay <input type="checkbox"/> Leave without pay	Cancel Coverage: <input type="checkbox"/> Basic Life Insurance (if not enrolled in health insurance) <input type="checkbox"/> Basic Life and Health Insurance <input type="checkbox"/> Health Insurance <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Optional Life Insurance <input type="checkbox"/> GIC Dental/Vision	/ 01 /
Select Type of Leave: <input type="checkbox"/> Personal Illness <input type="checkbox"/> Personal Reason <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Industrial Accident <input type="checkbox"/> Educational <input type="checkbox"/> Military Caregiver (26 weeks) <input type="checkbox"/> FMLA (12 weeks) <input type="checkbox"/> Sabbatical <input type="checkbox"/> FMLA Military Exigency (12 weeks) <input type="checkbox"/> Maternity <input type="checkbox"/> Suspension <input type="checkbox"/> PFML		Leave Start Date: ____/____/____ Leave End Date: ____/____/____ Last Day on Payroll: ____/____/____ Return from Leave Date: ____/____/____

TRANSFERS AND TERMINATION		Effective Date (for GIC use only)
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 <input type="checkbox"/> Deferred Retiree (Life only) <input type="checkbox"/> Deferred Retiree (Life & Health) <input type="checkbox"/> COBRA (must complete application) <input type="checkbox"/> Conversion (contact carrier for application) (See reverse) (See reverse)		

RETIREMENT	Date Retired: / /	Effective Date (for GIC use only)
Health Insurance Election (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 or spouse not eligible for Medicare: <input type="checkbox"/> Keep current health plan <input type="checkbox"/> Change Non-Medicare Plan election to Plan name: _____		
Optional Life Insurance Election <input type="checkbox"/> Cancel Optional Life <input type="checkbox"/> Reduce Optional Life to Fixed Amount: \$ _____ <input type="checkbox"/> Keep current Optional Life coverage <input type="checkbox"/> Reduce Optional Life multiple of salary to: <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X		
GIC Retiree Dental <input type="checkbox"/> I wish to enroll in GIC Retiree Dental and have attached the completed GIC Retiree Dental Enrollment and Change Form located on mass.gov/info-details/gic-forms . <input type="checkbox"/> I do not wish to enroll in the GIC Retiree Dental at this time		

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. 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 is intended for use by GIC members without access to the MyGICLink Member Benefits Portal. Employees with an up-to-date email address on GIC records received a registration email, have access to MyGICLink, and can view benefits throughout the year and update coverage during Annual Enrollment or if experiencing a qualifying event at bit.ly/MyGICLinkLogin. If you haven't received a MyGICLink registration email, please include your email on this form. Retirees, please include your email on this form to receive a registration email when MyGICLink becomes available to you.

GIC EMPLOYMENT STATUS CHANGE FORM (FORM-1A) INSTRUCTIONS

Use this Form-1A 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

Leave of Absence

Employees on a leave of absence without pay are billed monthly and must remit payment to the GIC to maintain GIC insurance coverage. An employee can cancel some or all of their GIC coverage while on a leave of absence. However, when the employee returns to work after a leave of absence he/she is subject to Annual Enrollment (basic life and health insurance) and Evidence of Insurability requirements (LTD and Optional Life). Employee on FMLA or military leave only, may enroll in GIC health insurance upon return from leave. The status change form (Form-1A) must be received at the GIC within 60 days of the return to work.

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 60-day 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 60-day 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).

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

When you retire, the GIC will bill you monthly for your GIC premiums until the premium can be deducted from your pension (generally three months). You must pay your GIC premiums to maintain coverage.

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.**

Employees who are retiring should review the amount of your optional life insurance coverage and its cost to determine whether it will make economic sense for you to keep it or reduce your amount of coverage. If you do not change your optional life insurance coverage amount, you will be responsible for the new higher monthly premiums. (See mass.gov/lists/gic-benefits-rates for rate details.)

If you reduce your coverage to a fixed amount, the amount must be equal to or less than one times the amount of your salary at retirement. Another option is to reduce the multiple times your salary at retirement to a lower multiple. For example, if you currently have 6 times salary, you can only reduce to 5, 4, 3, 2, or 1 times your salary. Reinstatement of optional life insurance is subject to proof of good health.

Form and Document Submission

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

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

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

Retirees – Return completed form and documentation to:

Group Insurance Commission
PO Box 556, Randolph, MA 02368