

## **Spring Health Insurance Buy-Out Election Form**

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-member-benefits-portal. If you haven't received a MyGICLink registration email, please include your email on this form.

Sc	ocial Security Number				
Insured Name (First)		(MI)	(Last)		
St	reet Address				
Ci	ity	State		Zip Code	
1.	insurance plan. I understar payments. I understand tha basic life insurance and be	nd that the allowance v it taxes will be withheld a state employee or re by a Group Insurance	will be paid monthly, to from these payments etiree to receive these Commission health	nission sponsored group health beginning in August, in twelve ed s. I understand that I must mainta e payments; municipal enrollees insurance plan on <b>January 1, 2</b> 0	in are
	Type of coverage you'r	e canceling <b>June 30, 2</b>	<b>023</b> : □ Individual	□ Family	
	GIC health plan in which you are enrolled:				
2.			_	of <b>July 1, 2023</b> , with: elationship to GIC Insured	
	This coverage meets minimum essential coverage under the Affordable Care Act.				
3.	<ul><li>after involuntar</li><li>if the other hea</li></ul>	y loss of my other cove Ith insurance is revoked alifying status change s	rage through no fault d; or	owing qualifying events occur: of my own; orce, birth of a child, or end of	
r	f you elect to participate in the esume your health insurance documentation within 60 days	through the Group Ins	urance Commission a	rs you will be able to re-enroll an as long as you provide	d
4.	. I understand that forms rece	eived at the GIC after N	lay 3, 2023, will not b	e accepted.	
S	ignature of Insured		Date		
Tł	his form may only be signed by the e	mployee/retiree or someone	authorized by the GIC to si	gn on the employee/retiree's behalf.	
Y	OU MUST READ PAGE TWO	D BEFORE SUBMITTII	NG FORM		
F	Form and Document Submis	ssion			
C	ONLINE: Visit <u>bit.ly/<b>M</b>yGlCLi</u>	nkOnlineForms to req	uest and submit your	enrollment form(s).	
	MAIL: Return completed form Group Insurance Commission		the GIC.		

PO Box 556, Randolph, MA 02368.

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## **Health Insurance Buy-Out Election Form**

Under the terms of the Buy-Out program, eligible state employees and retirees who are enrolling as of **July 1, 2023**, in another employer-sponsored plan that meets minimum essential coverage under the Affordable Care Act (ACA) may cancel their Group Insurance Commission (GIC) health coverage and receive 12 taxable monthly payments equal to 25% of the full-cost premium based upon:

- · your current health plan; and
- type of coverage (individual or family) as of June 30, 2023

Municipal members are not eligible for buy-out. To qualify for this plan, you must meet <u>ALL</u> of the following requirements:

- you were covered by a Group Insurance Commission Health Plan on January 1, 2023, and you will
  continue that GIC health plan coverage through June 30, 2023; you are enrolling in another employersponsored plan as of July 1, 2023, that meets minimum essential coverage under the ACA.
- All GIC premiums must be paid through June 30, 2023 to be eligible.
- If your coverage is terminated for non-payment of premium, you will no longer be eligible for the Buy-Out program.
- you are a state employee or retiree; and
- you must continue to maintain basic life insurance.

Employees in HR/CMS and UMass Agencies will receive their remittance monthly in their paycheck with "Reimburse" listed on the pay advice. Retirees and employees of Housing and Redevelopment Authorities will receive a check monthly. If your application is approved, you will receive your first payment in August.

The effective date of this buyout is **July 1, 2023**. **Do not give this form to your GIC Coordinator**. It is your responsibility to be sure the completed form is received by the Group Insurance Commission NO LATER THAN **May 3, 2023**.

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