

EMPLOYMENT STATUS CHANGE (FORM-1A)

Leave of Absence, Transfers and Termination, 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. 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 # /		
		Name – Last		First		MI			
	Address	Street				City		State	Zip
		Preferred Phone ()		Preferred Email				Annual Salary \$	
	Employment Information	Bargaining Unit/Union Name		HR/CMS or UMASS Employee ID #		Number of work hours/week:		Salary Eff. Date / /	

LEAVE OF ABSENCE			Effective Date (for GIC use only)	
Select One:	☐ Leave with pay ☐ Leave without pay	Cancel Coverage: ☐ Basic Life Insurance (if not enrolled in health insurance) ☐ Basic Life and Health Insurance ☐ Health Insurance ☐ Long Term Disability (LTD) ☐ Optional Life Insurance ☐ GIC Dental/Vision	/01/	
Select Type of Leave: ☐ Personal Illness ☐ Industrial Accident ☐ FMLA (12 weeks) ☐ Maternity ☐ Personal Reason ☐ Educational ☐ Sabbatical ☐ Suspension ☐ Military ☐ Military Caregiver (26 weeks) ☐ FMLA Military Exigency (12 weeks) ☐ PFML ☐ Other			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: ____/____/____	
☐ 39-week Layoff ☐ Deferred Retiree (Life only) (See reverse) ☐ Deferred Retiree (Life & Health) (See reverse) ☐ COBRA (must complete application) ☐ Conversion (contact carrier for application)			

RETIREMENT		Effective Date (for GIC use only)	
Date Retired: ____/____/____ Health Insurance Election (If enrolling in GIC benefits for the first time, also complete Form-RS) Medicare Eligibility – check if applicable: ☐ Insured ☐ Spouse Medicare plan election form will be mailed to eligible members.		☐ Cancel Health Insurance	
Non-Medicare Plan Election for insured or spouse not eligible for Medicare: ☐ Keep current health plan ☐ Change Non-Medicare Plan election to Plan name: _____			
Optional Life Insurance Election ☐ Cancel Optional Life ☐ Reduce Optional Life to Fixed Amount: \$ _____ ☐ Keep current Optional Life coverage ☐ Reduce Optional Life multiple of salary to: ☐ 1X ☐ 2X ☐ 3X ☐ 4X ☐ 5X ☐ 6X ☐ 7X			
GIC Retiree Dental ☐ I wish to enroll in GIC Retiree Dental and have completed and submitted the GIC Retiree Dental Enrollment and Change Form to the GIC located on bit.ly/giconlineforms ☐ 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. If premiums are not deducted enrolled members will receive a monthly bill for premiums due. 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 may only be signed by the employee/retiree or someone with legal authority to sign on behalf of the employee/retiree.	

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 they have the option to enroll in basic life and health insurance during Annual Enrollment, and LTD and/or Optional Life insurance subject to evidence of insurability. 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 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).

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 evidence of insurability. 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.

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.

Retirees – Return completed form and documentation to:

Group Insurance Commission
PO Box 556, Randolph, MA 02368