Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747 • BOSTON, MA 02114
(617) 727-2310 mass.gov/orgs/group-insurance-commission

Long Term Disability (LTD) Insurance Open Enrollment Form

For Active State Employees ONLY

PLEASE TYPE OR PRINT CLEARLY

PART 1 – Applicant Information (***Shaded Boxes Must Be Completed By your GIC Coordinator***)

Insured's GIC ID (usually Soc. Sec. #)	Date of Birth	**Dept. ID # or Agency/Division #** (For agency use only) UMS/0147
LAST NAME	FIRST NAME	MIDDLE INITIAL
Address (Number and Street)		
City	State	Zip Code
Annual Salary (For agency use only) $	**Salary Effective Date** (For agency use only) / /	**LTD Coverage Effective Date** 10/01/2019

This form is not valid after June 14, 2019

PART 2 – Eligibility Affirmation

☐ **YES**, I would like to enroll in the GIC's Long Term Disability Program without the need to complete an evidence of insurability application. My signature below verifies ***that I have never previously been declined for LTD coverage offered through the Group Insurance Commission***.

☐ **YES**, I would like to enroll in the GIC's Long-Term Disability Program. However, I have previously been declined for LTD coverage offered through the Group Insurance Commission and will need to complete an evidence of insurability application. I understand that I will be sent instructions for completing evidence of insurability.

I understand that I must be actively at work, performing my regular duties on October 1, 2019 to be covered under the LTD plan. If I am absent from work due to injury, sickness or approved leave of absence, my coverage will begin on the date that I return to active employment. Further, I understand that if I have not been covered by the GIC's LTD plan for twelve (12) consecutive months, a pre-existing condition exclusion may apply. LTD benefits are not payable for disabilities resulting from war, self-inflicted injuries, attempt to commit or commission of a crime, commission of a crime for which you have been convicted, active participation in a riot or while incarcerated and loss of a professional license, occupational license or certification. LTD benefits may also be reduced by other sources of income. I authorize payroll deductions for my LTD coverage. For plan details visit our website at www.mass.gov/orgs/group-insurance-commission.

Signature of Applicant Date

Signature of GIC Coordinator **Date**

For GIC USE ONLY

Entered	**Verified**

PLEASE RETURN COMPLETED FORM TO YOUR GIC COORDINATOR

Underwritten by: Unum Life Insurance Company of America