

GIC EMPLOYMENT STATUS CHANGE FORM (FORM-1A)



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	Home or Cell Phone ()		Work Phone ()		Email			Country (if not USA)				
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) / 01 /			
Select One: <input type="checkbox"/> Leave with pay <input type="checkbox"/> Leave without pay		Cancel Coverage: <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Health Insurance <input type="checkbox"/> Optional Life Insurance <input type="checkbox"/> GIC Dental/Vision					
Select Type of Leave (Form-11) required for Individual Accident, Maternity and Personal Illness						Leave Start Date: ____/____/____	
<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Personal Reason	<input type="checkbox"/> Military				Leave End Date: ____/____/____	
<input type="checkbox"/> Individual Accident	<input type="checkbox"/> Educational	<input type="checkbox"/> Military Caregiver (26 weeks)				Last Day on Payroll: ____/____/____	
<input type="checkbox"/> FMLA (12 weeks)	<input type="checkbox"/> Sabbatical	<input type="checkbox"/> FMLA Military Exigency (12 weeks)				Return from Leave Date: ____/____/____	
<input type="checkbox"/> Maternity	<input type="checkbox"/> Suspension	<input type="checkbox"/> Other					

TRANSFERS AND TERMINATION			Effective Date (for GIC use only) / 01 /		
Transfer to	Name of Agency/GIC Municipality		Last Day of Work:		/ /
Transfer from	Name of Previous 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 <input type="checkbox"/> COBRA (must complete COBRA application) <input type="checkbox"/> Conversion (contact carrier for application)					

RETIREMENT	Date Retired: / /	Effective Date (for GIC use only) / 01 /
Health Insurance Election (If enrolling for first time, also complete Form-RS) <input type="checkbox"/> Cancel Health Insurance Medicare Eligibility – check if applicable and attach copy of Medicare Claim Card(s): <input type="checkbox"/> Insured <input type="checkbox"/> Spouse Medicare Plan name: _____		
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 <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.	
Signature of Applicant: _____ Date: _____		
Signature of Authorized Official: _____ Date: _____		

For GIC Use Only	Entered	Verified	Political Subdivision

(See over for Form-1A instructions)

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 GIC retiree benefits, see the GIC Benefit Decision Guide www.mass.gov/gic/bdgs.

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. In addition to this form, the GIC's Form-11 is required for unpaid Personal Illness, Industrial Accident and Maternity leaves. 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).

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. The following are your Medicare/Non Medicare health plan combination choices:

Non-Medicare Plan	Medicare Plan
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

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 www.mass.gov/gic/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.

GIC Retiree Dental: The GIC Retiree Dental form is on the GIC's website www.mass.gov/gic/forms.

Form and Document Submission

Active Employees and Employees Who Are Retiring: Return completed form and documentation to your GIC Coordinator.

Retirees Changing Optional Life Insurance Election: Return completed form to the Group Insurance Commission, P.O. Box 8747, Boston, MA 02114.