

# GIC MUNICIPAL EMPLOYMENT STATUS CHANGE FORM (FORM-1AMUN)



| REQUIRED               |                      |                                     |  |                            |       | INSURED INFORMATION  |                      |       |                                      |  |  |  |
|------------------------|----------------------|-------------------------------------|--|----------------------------|-------|--|----------------------|-------|--------------------------------------|--|--|--|
| REQUIRED               | Insured Information  | GIC-ID (usually Soc. Sec. #)<br>- - |  |                            |       | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth<br>/ / |       | Dept. ID # or Agency/Division #<br>/ |  |  |  |
|                        |                      | Name – Last                         |  |                            | First |  |                      | MI    |                                      |  |  |  |
|                        | Address              | Street                              |  |                            |       | City   |                      | State | Zip                                  |  |  |  |
|                        | Contact Information  | Home or Cell Phone<br>( )           |  | Work Phone<br>( )          |       | Email  |                      |       | Country (if not USA)                 |  |  |  |
| Employment Information | Date of Hire:<br>/ / |                                     |  | Number of work hours/week: |       | Name of Municipality employed or retiring from:              |                      |       |                                      |  |  |  |

| TRANSFERS AND TERMINATION   |                                 |  | Effective Date (for GIC use only) / 01 / |  |                       |  |
|---|---------------------------------|--|--|--|-----------------------|--|
| 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 Coverage <input type="checkbox"/> Deferred Retiree <input type="checkbox"/> COBRA (must complete COBRA application) <input type="checkbox"/> Conversion (contact carrier for application) |                                 |  |  |  |                       |  |

| SCHOOL DEPARTMENT TERMINATION                                      |                          |                               |
|--|--------------------------|-------------------------------|
| Employees who leave employment at the end of the school year only: | Termination Date:<br>/ / | Premiums Paid Through:<br>/ / |

| RETIREMENT  | Date Retired: / / | Effective Date (for GIC use only) / 01 / |
|---|-------------------|--|
| <b>Health Insurance Election</b> (If enrolling for first time, also complete Form-RS) <span style="float: right;"><input type="checkbox"/> Cancel Health Insurance</span><br>Medicare Eligibility – check if applicable and attach copy of Medicare Claim Card(s):<br><input type="checkbox"/> Insured <input type="checkbox"/> Spouse    Enrollment materials will be mailed to the Medicare-eligible members. |                   |  |
| Non-Medicare Plan Election for insured and/or spouse not eligible for Medicare:<br><input type="checkbox"/> Keep current health plan <input type="checkbox"/> Change Non-Medicare Plan election to Plan name: _____   |                   |  |
| <b>GIC Retiree Dental</b> (Only if municipality participates)<br><input type="checkbox"/> I wish to enroll in GIC Retiree Dental and have attached the completed GIC Municipal Retiree Dental Enrollment and Change Form<br><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: _____<br>Signature of Authorized Official: _____ Date: _____   |

| For GIC Use Only | Entered | Verified | Political Subdivision |
|------------------|---------|----------|-----------------------|
|                  |         |          |                       |

(See over for Form-1AMUN instructions)

# GIC MUNICIPAL EMPLOYMENT STATUS CHANGE FORM (FORM-1AMUN) INSTRUCTIONS

Use this Form-1AMUN 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 [mass.gov/gic/bdgs](http://mass.gov/gic/bdgs).**

## 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). School department employees who are ending employment at the end of the school year and have prepaid their health insurance premiums through the summer must complete the school department termination section.

## Retirement

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. Enrollment materials will be mailed to the Medicare-eligible members. 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<br>(Closed to New Members) | 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) |

## GIC Retiree Dental

For participating municipalities, the GIC Municipal Retiree Dental form is on the GIC's website [mass.gov/gic/forms](http://mass.gov/gic/forms).

## Form and Document Submission

### Active Employees and Employees Who Are Retiring:

Return completed form and documentation to your GIC Coordinator.

*(See over for Form-1AMUN)*