

# BENEFIT STATEMENT CORRECTION FORM



Save time, paper, and a stamp by updating your benefit statement on the MyGICLink member benefits portal at [mygiclink.my.site.com](https://mygiclink.my.site.com)

Email completed form to: [gic.forms@mass.gov](mailto:gic.forms@mass.gov) or mail to:

Group Insurance Commission  
PO Box 556  
Randolph, MA 02368

## SECTION 1 IS REQUIRED FOR PROCESSING THIS FORM

### SECTION 1. MEMBER INFORMATION

GIC ID # (Social Security #): \_\_\_\_\_ Address: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ State: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2. PLEASE CHECK ALL THAT APPLY AND PROVIDE THE INFORMATION REQUIRED

- ☐ I request a birth date correction for: **MUST SEND:** *Copy of corresponding birth certificate(s).*  
☐ Self ☐ Spouse ☐ Dependent(s)
- ☐ My dependent age 19 to 26 is listed on the benefit statement as a full-time student but is no longer a full-time student. Please change my dependent's status to dependent age 19 to 26.  
Dependent's address (if different than the insured's address):  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- ☐ The spelling of my spouse's or dependent's name on the Plan Benefits section is incorrect. Please correct the spelling of my spouse's/dependent's name from: \_\_\_\_\_ to \_\_\_\_\_
- ☐ My former spouse is listed as "S" on my benefit statement, indicating spouse. I wish to change my marital status from "married" to "legally separated" or "divorced."  
**MUST SEND:** *Copy of the following sections of the legal separation or divorce decree: absolute date, health insurance language, and signature pages.*  
My legally separated or former spouse's ☐ current or ☐ last known home address is:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- ☐ I was divorced and remarried on date: \_\_\_\_\_ **MUST SEND:** *Copy of certified marriage certificate.*
- ☐ My former spouse remarried on date: \_\_\_\_\_  
Former spouse's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION 3. FOR STATE EMPLOYEES AND STATE RETIREES ONLY:

- ☐ I have been tobacco free (have not smoked cigarettes, cigars or pipes nor used e-cigarettes, snuff or chewing tobacco, or a nicotine delivery system) for the past 12 months or longer and wish to change my **GIC Optional Life Insurance** smoker status from smoker to non-smoker. I understand that this election must be made during GIC's Annual Enrollment only for coverage change effective that July 1 and that it only applies if I have **GIC Optional Life Insurance** coverage.

#### How can I update my life insurance beneficiary?

Visit the MyGICLink Member Benefits Portal at [mygiclink.my.site.com](https://mygiclink.my.site.com) and view your updates within 24 hours (*preferred*);  
*GIC must have a valid email address on record for both options.*

#### When can I change my health plan?

You may only enroll in or change your health plan election during GIC's Annual Enrollment or within 60 days of a qualifying event.

For a complete list of qualifying events, visit [bit.ly/gicqualifyingevent](https://bit.ly/gicqualifyingevent).

#### Legally separated, divorced or remarried?

Follow the directions in section 2 to notify the GIC of your legal separation, divorce, or remarriage.

**Please note:** You must notify the GIC of your legal separation, divorce, or remarriage and you can be held responsible for repayment of health claims paid or premiums owed for your former spouse back to the date of remarriage by either you or your former spouse.