

BENEFIT STATEMENT CORRECTION FORM



Your link to exceptional member benefits!

Health Insurance Coverage Is Binding for the Plan Year: You may only enroll or change coverage election during a plan year if GIC receives your completed Enrollment/Change Form-1 and all required documentation within 60 days of a Qualifying Status Change event, including marriage, adoption/birth/legal guardianship of a child, death of a dependent, or involuntary loss of non-GIC coverage. Refer to GIC's website for a complete list of qualifying events.

Legal Separation and Divorce: If your *former* spouse is listed below as "S," indicating spouse, follow directions in item 7 below to update it to indicate "F," *former spouse*. 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.

ACCESS AND COMPLETE THIS FORM ONLINE! As long as your *Email address* is correct on your Benefit Statement, you can go digital.

- Go to bit.ly/mygiclink
- Enter your email and DOB
- Choose Benefit Statement Correction Form
- Select *Request*
- Check your email for the requested form
- Follow instructions for completion, including **MUST SEND** documents specified, if applicable
- Select *Submit*
- Watch your email for confirmation of receipt

If mailing your correction form, please include the items listed after **MUST SEND**, if applicable, to ensure processing. Be sure to sign and return to:

Group Insurance Commission
PO Box 556
Randolph, MA 02368

PLEASE FILL OUT COMPLETELY

Name of Insured: _____ **GIC ID # (Social Security #):** _____
Address: _____ **Telephone #:** _____
City: _____ **State:** _____ **Zip Code:** _____
Signature of Insured: _____ **Date:** _____

- 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: _____
- Please change my address to that listed above. I understand that I must also update my address with the post office and my agency.
- Please add or correct my email address to the following: Work _____
Preferred email address: Work Personal Personal _____
- Please add or correct my phone number to the following: (_____) _____
- 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 _____
- 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: _____

THIS SECTION 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 will be effective on July 1, 2021, and that it only applies to State Employees and State Retirees with **GIC Optional Life Insurance** coverage.
- I want to **change** or **correct** my GIC life insurance beneficiary designation. **State Employees** and **retirees** can request a beneficiary designation form by using myGICLink (follow instructions above) to have a beneficiary designation form emailed to you to complete and submit to GIC electronically; or you may request a GIC Beneficiary Designation Form be mailed to you by checking the appropriate box below.
 Send form for up to three beneficiaries Send form for more than three beneficiaries and estates
You must complete a GIC beneficiary designation form to make any beneficiary designation changes or corrections.