DENTAL/VISION ENROLLMENT/CHANGE (FORM-1DV)

Employees subject to collective bargaining, in higher education, municipalities and authorities are not eligible for GIC Dental/Vision.

This form is intended for use ONLY by GIC members without access to a digital device. GIC members with an up-to-date email address on GIC records received a registration email for the **MyGICLink Member Benefits Portal**. MyGICLink allows GIC members to view their benefits throughout the year and update coverage during Annual Enrollment or if experiencing a qualifying event in just a few minutes. Learn more at **mass.gov/mygiclink**. If you haven't received a MyGICLink registration email, please include your email on this form.

REQUIRED

INSURED INFORMATION

Insured Information	GIC-ID (usually Soc. Sec. #) – –	Sex ☐ M ☐ F	Date of Birth / /	Dept. ID # or Agency/Division # /
	Name – Last	First		MI
Address	Street	City	State	Zip
Contact Information	Preferred Phone ( )	Preferred Email		Country (if not USA)
Employment Information	Confidential Employee (check one) ☐ Yes ☐ No	HR/CMS Employee ID #	Number of work hours/week:	Date of Hire / /

REQUIRED

Select all that apply:

- ☐ New Enrollment (New Eligibility)
- ☐ Adding Dependent(s)
- ☐ Dropping Dependent(s)
- ☐ Address Change
- ☐ Name Change
- ☐ Annual Enrollment
- ☐ Promotion

Qualifying Event (Date of Event: ____ / ____ / _____)

- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Divorce/Legal Separation
- ☐ Change in Dependent Eligibility Status
- ☐ Gain of Other Coverage
- ☐ Involuntary Loss of Other Coverage
- ☐ Death of spouse/dependent
- ☐ Spouse's Annual Enrollment

DENTAL AND VISION PLAN

Effective Date: / 01 /

Dental Benefit (check one)	**Vision Benefit**	**Coverage Election** (check one)	**Cancel**
☐ Indemnity Plan (Classic) ☐ PPO Plan (Value)	(contact the vendor for participating providers)	☐ Individual ☐ Family	☐ GIC Dental/Vision Coverage

SPOUSE/DEPENDENT INFORMATION (See instructions on back)

For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	

FORMER SPOUSE INFORMATION – If Listed Above

Date of Divorce: / /

Are you remarried? ☐ Yes ☐ No	Date of your remarriage: / /	Has your former spouse remarried? ☐ Yes ☐ No	Date of former spouse's remarriage: / /
Address: Street		City	State / Zip

SIGNATURE REQUIRED

AUTHORIZATION

I have read the instructions on the reverse side of this form and authorize my employer to deduct from my payroll the amount required for the coverage I have selected. If premiums are not deducted enrolled members will receive a monthly bill for premiums due. I understand that my coverage elections are binding for the duration of the plan year and that I may only enroll in coverage during the plan year if I experience a qualifying status change, (examples include marriage, adoption/birth of a child, divorce, death of a dependent, and involuntary loss of coverage). I understand that the GIC must receive any required documentation within 60 days of the event. **You must notify the GIC of a legal separation, divorce or remarriage of you or your former spouse; coverage for a former spouse ends upon remarriage. Failure to notify the GIC can result in financial liability to you.**

Signature of Applicant: _____ Date: _____

Signature of Authorized Official: _____ Date: _____

This form may only be signed by the employee/retiree or someone with legal authority to sign on behalf of the employee/retiree.

(See over for Form-1DV instructions)

GIC DENTAL AND VISION ENROLLMENT/CHANGE FORM (FORM-1DV) INSTRUCTIONS

For an overview of your GIC benefit options, see your GIC Benefit Guide at mass.gov/GIC

Eligibility

The GIC Dental/Vision Plan is for state employees who are not covered by collective bargaining or do not have another Dental and Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, confidential employees, and certain Executive Office staff. Employees of authorities, municipalities, and higher education are not eligible for GIC Dental/Vision coverage and should not complete this form. Eligible active state employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek and must contribute to your employer's public retirement system. For additional eligibility details, refer to the GIC's regulations: mass.gov/law-library/gic-regulations.

Deadlines and Required Documentation

- **Required Documentation:** To add a spouse or dependent to coverage, documentation is required to accompany the form unless you have already provided it to the GIC for health insurance coverage. Refer to dependent information section below for details.
- **New Hire:** Completed forms and required documentation must be received by the GIC within 21 days of your hire date. The 21 day deadline includes the date of hire. If you miss this deadline, you must wait until the next Annual Enrollment period to enroll in Dental/Vision insurance benefits.
- **Annual Enrollment:** Completed forms and required documentation must be received by the GIC by the end of the Annual Enrollment period.
- **Qualifying Status Change:** State employees enrolling in Dental/Vision or changing from individual to family or family to individual coverage due to a qualifying event must complete and return the form and attach supporting documentation for the qualifying event. Forms and documentation must be received at the GIC within 60 days of the qualifying event. Forms and documentation received after 60 days are returned and you may re-apply during Annual Enrollment.

Dependent Information and Required Documentation

In order to enroll your eligible spouse, former spouse and/or dependents in GIC Dental/Vision, you must enter their information in the spouse/dependent information box and provide a copy of a marriage certificate, birth certificate, separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you list as a dependent. If covering a former spouse, also complete the former spouse information section. Failure to provide required documentation will result in your spouse/dependent not being covered. Do not send original documents because they will not be returned. If you are removing a spouse or dependent under age 19, you must provide proof of other coverage within 60 days of a qualifying event or during Annual Enrollment. Please indicate the exact date of birth for each dependent.

Enrolling in or Changing Coverage

If you do not enroll in the GIC Dental/Vision Plan as a new hire or when first eligible, you will not be able to enroll until the next annual enrollment period, unless you have a qualifying event. You can only change dental plan type during annual enrollment.

If you withdraw from the plan or are terminated because of non-payment of premium, you will be unable to re-enroll in the plan until July 1 following 24 months from the date your coverage ended, unless you experience a qualifying event.

Form and Document Submission

Effective dates of coverage cannot be changed after coverage election has been made and submitted to GIC. Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

Email completed form to gic.forms@mass.gov or mail to:

Group Insurance Commission
PO Box 556, Randolph, MA 02368.

(See over for Form-1DV)