

Email Update Form

To process your request to update your email address, all fields must be provided.

Member Information

First Name: _____

Last Name: _____

Home Address: _____

Email: _____

Date of Birth: ____/____/____

Last four (4) Digits of Social Security Number: _____

GIC Health Plan (If not enrolled, type 'N/A') _____

GIC Member Status (Select one)

- ☐ State Employee
- ☐ State Retiree
- ☐ Municipal Employee
- ☐ Municipal Retiree
- ☐ Surviving Spouse
- ☐ COBRA

Active Employees Only (Required)

Agency: _____

Employee ID (HRCMS/UMASS Only): _____

Signature

By providing my email address, I understand that I will be able to use the MyGICLink member benefits portal to apply/update my GIC benefits. Please note that the GIC will also use the email address that you provided to send benefit communications to you throughout the year. I certify that I am a GIC state or municipal member and authorize the GIC to update my email address.

Signature: _____ Date: _____

If you are signing as a Power of Attorney (POA) and have not sent a POA to the GIC, please attach a copy of your Power Of Attorney document.

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

Mail completed form to the GIC:
Group Insurance Commission
PO Box 556, Randolph, MA 02368.