



# MUNICIPAL RETIREE DENTAL ENROLLMENT/ CHANGE (FORM-MRD)

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](http://mass.gov/mygiclink). If you haven't received a MyGICLink registration email, please include your email on this form.

REQUIRED INSURED INFORMATION							
REQUIRED	Insured Information	GIC-ID (usually Soc. Sec. #) - -		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	Dept. ID # or Agency/Division # /	
		Name – Last		First	MI		
REQUIRED	Address	Street			City	State	Zip
		Contact Information	Preferred Phone ( )	Preferred Email		Country (if not USA)	

Retirement Information	Name of Municipality retired from	Do you receive a monthly pension from a public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Retirement / /
Survivor Information	Name of Deceased Employee or Retiree	Deceased Employee's/Retiree's Soc. Sec. # - -	Have you remarried? <input type="checkbox"/> Yes Date of remarriage ___/___/___ <input type="checkbox"/> No

REQUIRED	<b>Select all that apply:</b> <input type="checkbox"/> New Enrollment <input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Other Benefit Changes <input type="checkbox"/> Adding Dependent(s)	<input type="checkbox"/> Dropping Dependent(s) <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change	<b>Qualifying Event (Date of Event: ___/___/___)</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Change in Dependent Eligibility Status	<input type="checkbox"/> Gain of Other Coverage <input type="checkbox"/> Involuntary Loss of Other Coverage <input type="checkbox"/> Death of spouse/dependent <input type="checkbox"/> Spouse's Annual Enrollment
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RETIREE DENTAL		Effective Date: / 01 /
Coverage Election (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Family	Cancel <input type="checkbox"/> GIC Retiree Dental Coverage	
<ul style="list-style-type: none"> <li>If you do not sign up for coverage within 60 days of retirement, you will not be able to enroll until the next annual enrollment period, unless you involuntarily lose dental coverage during the year or have a qualifying event and apply within 60 days of the event.</li> <li>If you sign up for coverage and decide to cancel, you can never rejoin the plan.</li> <li>If you have family coverage and switch to an individual plan, your spouse and/or your eligible dependents can never rejoin the plan.</li> </ul>		

List below all family members, including your spouse, who will be covered under your dental plan. Please provide all Social Security Numbers and exact dates of birth for each dependent. The Group Insurance Commission requires you to provide a copy of a marriage certificate, legal separation, divorce decree, or certificate of appointment as legal guardian for each person you list as a dependent. Do not send original documents because they will not be returned.

SPOUSE/DEPENDENT INFORMATION							
For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	

FORMER SPOUSE INFORMATION – If Listed Above				Date of Divorce: / /
Are you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of your remarriage: / /	Has your former spouse remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of former spouse's remarriage: / /	
Address: Street		City	State	Zip

SIGNATURE REQUIRED	<b>AUTHORIZATION</b> – I have read the instructions on this form and direct my pension authority to deduct from my pension check the amount required for the coverage I have selected. I understand that my coverage elections are binding for the duration of the plan year and that I may only enroll in or change my coverage elections during the plan year if I experience a qualifying event (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. <b>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.</b>
	Signature of Applicant: _____ Date: _____ Signature of Authorized Official: _____ Date: _____
	<b>This form may only be signed by the employee/retiree or someone with legal authority to sign on behalf of the employee/retiree.</b>

**666/0165 City of Malden**  
Odelisa Macedo  
Human Resources Director  
215 Pleasant Street  
Malden, MA 02148  
(781) 397- 7000 ext 2187

**666/0178 City of Melrose**  
Diane Barrett  
HR Coordinator  
562 Main Street  
Melrose, MA 02176  
(781) 979-4145

**666/0014 Town of Ashland**  
Susan Huwe  
Benefits Coordinator  
101 Main Street  
Ashland, MA 01721  
(508) 881-0100 x7926

**666/0023 Town of Bedford**  
Elizabeth Gouveia  
Human Resources Director  
10 Mudge Way  
Bedford, MA 01730  
(781) 918-4008

**666/0046 Town of Brookline**  
Kayla Toleno  
Benefits Administrator  
333 Washington St.  
Brookline, MA 02445  
(617) 730-2117

**666/0060 Town of Chesterfield**  
Meg McWherter  
Coordinator  
422 Main Road  
P O Box 299  
Chesterfield, MA 01012  
(413) 296-4771 ext 2

**666/0101 Town of Franklin**  
Emma Collins  
Benefits Coordinator  
355 East Central Street  
Franklin, MA 02038  
(508) 553-4869

**666/0133 Town of Holbrook**  
Anne Mahoney  
Human Resources Director  
50 N. Franklin Street  
Holbrook, MA 02343-1560  
(781) 767-4321

**666/0168 Town of Marblehead**  
Kathryn Carey  
Benefits Coordinator  
Mary Alley Municipal Building  
7 Widger Road  
Marblehead, MA 01945  
(781) 631-1705

**666/0182 Town of Middleborough**  
Susan Powers  
Benefit Coordinator  
20 Centre Street-3rd Floor  
Middleborough, MA 02346  
(508) 946-2420 x1127

**666/0187 Town of Millis**  
Victoria Schindler  
Benefits Coordinator  
900 Main Street  
Millis, MA 02054  
(508) 376-7041

**666/0210 Town of North Andover**  
Sabeen Sheikh  
HR Generalist  
120 Main Street  
North Andover, MA 01845  
(978) 688-9526

**666/0519 Pioneer Valley Regional School District**  
Taffy Bassett-Fox  
Director of Finance & Operations  
97 F. Sumner Turner Road  
Northfield, MA 01360  
(413) 498-2931 ext 607

**666/0244 Town of Randolph**  
Anne Barkhouse  
Administrative Assistant  
Town Hall  
41 South Main Street  
Randolph, MA 02368  
(781) 961-0916

**666/0291 Town of Swampscott**  
Kerri Roberts  
Benefits Coordinator  
22 Monument Avenue  
Swampscott, MA 01907  
(781) 596-8810

**666/0333 Town of Weston**  
Hillary Buck  
HR Benefits Coordinator  
11 Town House Road  
Weston, MA 02493  
(781) 786-5090

**666-0335 Town of Westwood**  
Jennifer Kinnear  
HR Administrator  
580 High Street  
Westwood, MA 02090  
(781) 320-1072

**666/0507 NE Metro Regional Voc. Tech. School**  
Deanna Yannios  
Accountant  
100 Hemlock Road  
Wakefield, MA 01880  
(781) 246-0810 x1628

### **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](mailto:gic.forms@mass.gov) or mail to:**

Group Insurance Commission  
PO Box 556, Randolph, MA 02368