

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. 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 <input type="checkbox"/> M <input type="checkbox"/> 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)	

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	Select all that apply: <input type="checkbox"/> New Enrollment (New Eligibility) <input type="checkbox"/> Adding Dependent(s) <input type="checkbox"/> Dropping Dependent(s) <input type="checkbox"/> Other Benefit Changes <input type="checkbox"/> Address Change <input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Name Change	Qualifying Event (Date of Event: ____/____/____) <input type="checkbox"/> Marriage <input type="checkbox"/> Gain of Other Coverage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Involuntary Loss of Other Coverage <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Death of spouse/dependent <input type="checkbox"/> Change in Dependent Eligibility Status <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
• 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 status change and apply within 60 days of the event. • If you sign up for coverage and decide to cancel, you can never rejoin the plan. • If you have family coverage and switch to an individual plan, your spouse and/or your eligible dependents can never rejoin the plan.		

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	AUTHORIZATION – 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 status change (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. 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.	

666/0178 City of Melrose

Diane Barrett
 HR Coordinator
 562 Main Street
 Melrose, MA 02176
 (781) 979-4145

666/0014 Town of Ashland

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 Benefits Coordinator
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 Ashland, MA 01721
 (508) 881-0100 x7926

666/0023 Town of Bedford

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 (781) 918-4008

666/0046 Town of Brookline

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 Brookline, MA 02445
 (617) 730-2117

666/0133 Town of Holbrook

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 Human Resources Director
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666/0168 Town of Marblehead

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 Benefits Coordinator
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666/0182 Town of Middleborough

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 Benefit Coordinator
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666/0187 Town of Millis

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 Benefits Coordinator
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666/0210 Town of North Andover

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 Benefits Coordinator
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666-0335 Town of Westwood

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 HR Administrator
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 (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 or mail to:

Group Insurance Commission
 PO Box 556, Randolph, MA 02368