

The following Coordinator manual is a comprehensive guide to GIC benefit procedures. For easy reference, please file this in a three-ring binder. If you have any additional questions about GIC benefits or procedures, visit our website at www.mass.gov/gic, or call our Operations Department 617-727-2310 ext. 2.

GIC forms are on our website. Visit www.mass.gov/gic/forms for the latest forms.

Please keep in mind that respecting the privacy rights of employees is imperative for all GIC Coordinators and that insurance coverage is protected information. Under no circumstances are you to give or solicit personal information about your employees, even with other agencies, including law enforcement personnel, without first checking with your agency's legal counsel. Doing so is a potential violation of state and federal law.

Please remember to give all new employees and all employees at Annual Enrollment a *GIC Benefit Decision Guide*.



Group Insurance Commission
P.O. Box 8747
Boston, MA 02114
Phone: 617.727.2310
TDD/TTY: 617.227.8583
www.mass.gov/gic

GIC1509601-1.1M2.80



TABLE OF CONTENTS

BENEFITS OVERVIEW

Premium deductions, enrollment eligibility and effective dates, and health plan options 1

NEW HIRE

New hire elections, declining coverage, and retroactive health insurance effective date (B Waiver) 3

QUALIFYING STATUS CHANGES

Qualifying Status Change Documentation; Events Subject to Qualifying Status Changes: family to individual coverage, individual to family coverage, adding a spouse or dependent, removing a spouse or dependent, moving out of a plan's service area, cancel coverage, and pre-tax premium deductions; Events Not Subject to Qualifying Status Changes: name and address changes, divorce and legal separation, remarriage, handicapped dependent coverage, and dependent turning age 19 5

EMPLOYMENT CHANGES

Hours reduced to less than part-time, Hours reinstated to part-time or more, and Municipality/Agency transfer 9

LATE ENROLLMENT

Health Insurance and GIC Retiree Dental 10

ANNUAL ENROLLMENT

Health Insurance enrollment, Health Insurance changes, Pre-tax Health Insurance premium deductions, and GIC Retiree Dental 12

MILITARY LEAVE

Military Leave procedure and returning to work after a Military Leave of Absence 14

TERMINATION FROM MUNICIPAL SERVICE

Coverage end dates and procedures; Benefit options: Not eligible for retirement, Deferred retirement, and Retirement 15

LAYOFF FROM MUNICIPAL SERVICE

Coverage end dates and procedures; Benefit options: Not eligible for retirement, Deferred retirement, and Retirement 18

RETIREMENT

Eligibility and procedures, Changing health plans at retirement, Enrolling in a health plan at retirement, and GIC Retiree Dental 21

AGENCY CONTACT INFORMATION AND REPORTS

GIC Coordinator, municipality head, or address change; GIC reports and reconciliation process . . 23



BENEFITS OVERVIEW

PREMIUM DEDUCTIONS

All GIC premium deductions are taken one month in advance of coverage. Please update your payroll system accordingly.

ENROLLMENT ELIGIBILITY AND EFFECTIVE DATES

According to Massachusetts Law Chapter 32A, the following employees are eligible for GIC benefits:

- ❖ Permanent employees as outlined in CMR 1.02.
- ❖ Employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek and participate in a public retirement system; employees who do not work the required number of hours are not eligible for GIC benefits.

New employees eligible for GIC health benefits and who work full-time or part-time hours of at least 18.75 hours per 37.5-hour workweek or 20 hours per 40-hour workweek and participating in a public retirement system can enroll.

Coverage Effective Dates

New employee health coverage begins on the first day of the month following 60 calendar days from the first date of employment, or two calendar months, whichever comes first.

Date of employment is from	Health coverage begins on
Jan. 2- Feb. 1	April 1
Feb. 2 – March 2	May 1
March 3 – April 2	June 1
April 3 – May 2	July 1
May 3 – June 2	August 1
June 3 – July 3	September 1
July 4 – August 2	October 1
Aug. 3 – Sept. 2	November 1
Sept. 3 – Oct. 2	December 1
Oct. 3 – Nov. 2	January 1
Nov. 3 – Dec. 3	February 1
Dec. 4 – Jan. 1	March 1

If an employee loses health insurance elsewhere, he or she can enroll in GIC coverage at any time during the year with proof of involuntary loss of other coverage as long as the GIC receives the documentation within 60 days of the qualifying event. An employee may not apply for late enrollment during their 60-day new hire period. See the LATE ENROLLMENT section for details.

HEALTH PLAN OPTIONS

Employees and their families can choose from an array of health plans. Each employee's needs are different. It is important that you, the GIC Coordinator, learn about the similarities and differences among the plans and where the plans are available. Recommend that the employee research his/her options and obtain the following information before making a selection.

Question

Where the employee lives determines which plan he/she is eligible for. Does the employee live in the service area?

Are the employee's doctors and hospitals in the plan?

What is the monthly premium cost?

Resource

Benefit Decision Guide

Call the plan or visit its website

Call the plan or visit its website distributed with the *Benefit Decision Guide* and on the GIC's website

See the *Benefit Decision Guide* for health plan options. These are distributed immediately before Annual Enrollment and are on the GIC's website.

NEW HIRE ELECTIONS

New employees must make their health benefit elections within ten (10) calendar days of the employee's first days of employment. You, as the GIC Coordinator, have 21 days to forward forms to the GIC. To select their benefits, employees must complete the following forms completely and legibly:

- ❖ GIC Municipal Enrollment/Change Form (Form-1MUN)
 - ◆ *For spousal coverage* – copy of marriage certificate. For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
 - ◆ *For dependent coverage under age 19* – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.
 - ◆ *For dependent coverage age 19 or over* – Dependent Age 19 to 26 Enrollment/Change Form and a copy of birth certificate. For handicapped dependent coverage, a Handicapped Dependent Application and a copy of birth certificate. Birth certificates must show the parent-child relationship to the insured or his/her spouse.
- ❖ Employee Acknowledgement Form
- ❖ Marketplace Notice
- ❖ Premium Assistance Notice (CHIP)

All new employees should automatically be enrolled in pre-tax health insurance deductions unless they opt out of participating. This is known as a Section 125 Plan. If the employee elects to opt out, he/she must complete the Pre-Tax Basic Life and Health Insurance Plan Election Not to Participate Form.

After the plan election is made, complete the following:

- 1) Verify that the forms are completed accurately and completely. Ensure that the employee has checked the information entered on his/her forms, and has signed and dated all forms.
- 2) On the GIC Municipal Enrollment/Change Form (Form-1MUN), indicate the agency/division number and the date entered municipal service and the employee's annual salary and effective date. Salary is defined as the salary earned in the employment of the municipality but not including any overtime pay, travel reimbursement or travel expenses.
- 3) Photocopy completed GIC forms and file the copies in the employee's personnel file.
- 4) Give the employee a copy of the Employee Acknowledgement form and file the **original** in the employee's personnel file. **Do not send this form to the GIC.**
- 5) Send all other **original** signed forms to the GIC.
- 6) Update your payroll system with the new premium deduction.

DECLINING COVERAGE

If declining health benefits:

- 1) Have the employee complete and sign the GIC Municipal Enrollment/Change Form (Form-1MUN), checking the decline GIC health insurance coverage box. This form is necessary to document that the employee was offered GIC health insurance coverage in accordance with health care reform requirements.
- 2) Retain the completed GIC Municipal Enrollment/Change Form (Form-1MUN) and file in the employee's personnel file. **Do not send the form to the GIC.**

RETROACTIVE HEALTH INSURANCE EFFECTIVE DATE (B WAIVER)

If a new employee, or his/her covered dependent has no health coverage and **incurs unplanned and urgent medical expenses during his/her new hire waiting period**, he/she may apply to buy GIC health coverage at the full cost premium for that period of time (60 or more days, depending on the date of hire). The total claims expenditure must exceed the full cost premium for the hiatus period. New employees who begin employment on the 16th day of a month or later will not be charged the premium for that month; new employees who begin employment on or before the 15th day of a month shall be charged the full premium cost for the month. To apply for retroactive health insurance, the employee must write to the GIC's Director of Operations to request the coverage. **If approved**, coverage shall become effective as of the employee's first day of active employment, subject to his or her timely payment of the full cost health insurance premium for the entire hiatus period.

- 1) Provide to the employee a copy of his/her new hire GIC Municipal Enrollment/Change Form (Form-1MUN).
- 2) Instruct the employee to include the following information in his/her request to the GIC:
 - ❖ Employee's name
 - ❖ Employee's Social Security Number
 - ❖ Photocopy of new hire GIC Municipal Enrollment/Change Form (Form-1MUN)
 - ❖ Dates of health care expenses
 - ❖ Photocopies of all incurred health care claims
 - ❖ Statement from the employee that he/she understands that he/she is responsible to pay the full cost premium for the entire new hire hiatus period
- 3) The GIC will notify the employee of the approval or denial of the application and, if approved, will bill the employee for the full cost premium owed.

QUALIFYING AND NON-QUALIFYING STATUS CHANGES

QUALIFYING STATUS CHANGE EVENT DOCUMENTATION

Please refer to the GIC's website – www.mass.gov/gic/statusdocumentation.

EVENTS SUBJECT TO QUALIFYING STATUS CHANGES AND DEADLINES

FAMILY TO INDIVIDUAL COVERAGE

An employee can change from family to individual coverage within 60 days of a qualifying status change event following the procedures below.

- 1) The employee must complete and sign the following: GIC Municipal Enrollment/Change Form (Form-1MUN)
- 2) Verify that the form is completed accurately and completely. Ensure that both you and the employee have signed and dated the form.
- 3) Update your payroll system with the new premium deduction.
- 4) Photocopy completed GIC form and documentation of qualifying status change event and file them in the employee's personnel file.
- 5) Send the **original** signed form to the GIC along with the documentation of the qualifying status change event. Forms and documentation received after 60 days of the event are returned and the employee may re-apply during Annual Enrollment.

NOTE: The GIC may not be able to remove a dependent if there is a court order on file at the GIC requiring the employee to cover the dependent.

INDIVIDUAL TO FAMILY COVERAGE OR TO ADD SPOUSE/DEPENDENT TO FAMILY COVERAGE

If the employee is changing from individual to family coverage, follow the below procedures.

- 1) The employee must complete and sign the following:
 - ❖ GIC Municipal Enrollment/Change Form (Form-1MUN).
Documentation of qualifying status change event required. To add a spouse or dependent also provide the following:
 - ◆ *For spousal coverage* – copy of marriage certificate.
 - ◆ *For former spouse* – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
 - ◆ *For dependent coverage under age 19* – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.
 - ◆ *For dependent coverage age 19 to 26* – Dependent Age 19 to 26 Enrollment/Change Form. For a handicapped dependent, a Handicapped Dependent Application. Birth certificates must accompany the forms and show the parent-child relationship to the insured or his/her spouse.
- 2) Verify that the form is completed accurately and completely. Ensure that both you and the employee have signed and dated the form.
- 3) Update your payroll system with the new premium deductions.
- 4) Photocopy the completed GIC forms documentation of the qualifying status change event and and file them in the employee's personnel file.

- 5) Send the **original** signed forms and documentation of the qualifying status change event to the GIC. Forms and documentation must be received at the GIC within 60 days of the qualifying status change event. Forms and documents after 60 days are returned and the employee may re-apply during Annual Enrollment.

REMOVING A SPOUSE OR DEPENDENT UNDER AGE 19 – RETAINING FAMILY COVERAGE

- 1) Have the employee must complete the GIC Municipal/Change Form (Form-1MUN) checking off the deletion box and listing spouse's/dependent's name, date of birth, relationship to insured, and Social Security Number and attaching documentation of qualifying status change event.
- 2) The employee must indicate the reason for the deletion and the effective date (this date cannot be retroactive).
- 3) Photocopy the form and the documentation of qualifying status change event and file them in the employee's personnel file.
- 4) Send the **original** form and the documentation of the qualifying status change event to the GIC within 60 days of the qualifying status change event. Forms and documentation received after 60 days are returned and the employee may re-apply during Annual Enrollment.

REMOVING A DEPENDENT AGE 19 TO 26 – RETAINING FAMILY COVERAGE

- 1) Have the employee complete the GIC Municipal Enrollment/Change Form (Form-1MUN) checking off the deletion box and listing the dependent's name, date of birth, relationship to the insured, and Social Security Number and attaching documentation of the qualifying status change event.
- 2) The employee must indicate the reason for the deletion and effective date (this date cannot be retroactive).
- 3) Photocopy the form and the documentation of the qualifying status change event and file them in the employee's personnel file.

- 4) Send the **original** form and the documentation of the qualifying status change event to the GIC within 60 days of the qualifying event. Forms and documentation received after 60 days are returned and the employee may re-apply during Annual Enrollment.

MOVING OUT OF A PLAN'S SERVICE AREA

If an employee moves out of or resides outside of a health plan's service area, he/she must change health plans. To process this change:

- 1) Have the employee complete the GIC Municipal Enrollment/Change Form (Form-1MUN) indicating his/her choice of new health plan.
- 2) Obtain from the employee a proof of address change, such as a utility bill or Purchase and Sale Agreement.
- 3) Photocopy forms and the proof of address change and file them in the employee's personnel file.
- 4) Send the proof of address change and the **original** signed GIC Municipal Enrollment/Change Form (Form-1MUN) to the GIC.
- 5) The GIC will determine the coverage effective date for this change.

If an employee's covered spouse, former spouse and/or dependent(s) moves out of or resides out of the employee's health plan's service area, the entire family must change health plans to a plan that will cover the employee and his/her dependents where they reside. (Only unmarried full-time students may reside outside of a health plan's service area.) Note that only UniCare/Basic is available throughout the country and outside of the U.S. To change the family's coverage to a new health plan:

- 1) Have the employee complete the GIC Municipal Enrollment/Change Form (Form-1MUN) checking their new health plan choice.
- 2) Obtain from the employee proof of the spouse's, former spouse's or dependent's address. For dependent age 19 to 26, attach Dependent Age 19 to 26 Enrollment/Change Form indicating the dependent's address.
- 3) Photocopy forms and file them in the employee's personnel file.

- 4) Send the **original** forms and the proof of address change to the GIC.
- 5) The GIC will determine the coverage effective date of this change.

CANCEL COVERAGE

For an insured who wishes to cancel health insurance due to a qualifying status change event:

Documentation of the qualifying status change event is required.

- 1) Have the employee complete and sign the GIC Municipal Enrollment/Change Form (Form-1MUN) with the appropriate cancel coverage box checked.
- 2) If the employee is withdrawing from health insurance, the employee must provide documentation of the qualifying status change event.
- 3) Review and sign the GIC Municipal Enrollment/Change Form (Form-1MUN) and Dental/Vision (Form-1DV), if applicable.
- 4) Update your payroll system deductions.
- 5) Photocopy the GIC Municipal Enrollment/Change Form (Form-1MUN) and documentation of the qualifying status change event and file them in the employee's personnel file.
- 6) Send the **original** GIC Municipal Enrollment/Change Form (Form-1MUN) and documentation of the qualifying status change event to the GIC within 60 days of the qualifying status change event. Forms and documentation received after 60 days are returned and the employee may re-apply during Annual Enrollment.

PRE-TAX PREMIUM DEDUCTIONS

If an employee has a qualifying event, he/she may opt out of pre-tax health insurance premium deductions.

To process these changes:

- 1) Have the employee complete and sign the Pre-Tax Health Insurance Plan Election Not to Participate Form.

- 2) The form is forwarded to the municipality's payroll department. The payroll person updates the payroll system to reflect the employee's pre-tax change election.
- 3) File the **original** form in the employee's personnel file. **Do not send the form to the GIC.**

EVENTS NOT SUBJECT TO QUALIFYING STATUS CHANGES AND DEADLINES

NAME AND ADDRESS CHANGES

The GIC must be notified of all enrollee name and address changes.

- 1) Complete the form on the employee's behalf, or instruct the employee to complete the GIC Municipal Enrollment/Change Form (Form-1MUN), with the employee's new name and/or address.
- 2) Review and sign the GIC Municipal Enrollment/Change Form (Form-1MUN) with the appropriate cancel coverage box(es) checked.
- 3) Photocopy the GIC Municipal Enrollment/Change Form (Form-1MUN) and file it in the employee's personnel file.
- 4) Send the **original** signed GIC Municipal Enrollment/Change Form (Form-1MUN) to the GIC.

DIVORCE AND LEGAL SEPARATION

In accordance with Massachusetts Laws MGL-32A Section 11a, the GIC must be informed of all legal separations and divorces if the insured is covering his/her spouse or former spouse. *Failure to notify the GIC will result in financial consequences to the employee and/or former spouse.* Collect from the employee the former spouse's address and copies of the following sections of the legal separation agreement or divorce decree:

- ❖ Page with absolute date
- ❖ Health insurance language
- ❖ Signature pages

Forward these documents to the Director of Operations at the GIC.

REMARRIAGE

If an insured is covering a former spouse on his/her health plan and the employee or the former spouse remarries, the GIC must be notified. Inform the employee that if either the employee or the former spouse remarries, in accordance with Massachusetts General Laws 32A Section 11a, GIC health coverage for the former spouse ends on the date of remarriage. *Failure to report a remarriage will result in financial consequences to the employee or former spouse.*

For Remarriage of an Employee or Former Spouse:

- 1) Instruct the employee to send the remarriage date in writing to the Director of Operations at the GIC or provide the information on the former spouse section of the GIC Municipal Enrollment/Change Form (Form-1MUN).
- 2) If adding a new spouse, see the ADDING A SPOUSE OR DEPENDENT section for procedure details.

HANDICAPPED DEPENDENT COVERAGE

Insureds who have an unmarried child who is physically disabled and incapable of earning his/her own living as of the age of 19 may apply for Handicapped Dependent Coverage for their child. Family coverage is required.

- 1) Give the employee the Handicapped Dependent Application.
- 2) The employee and the dependent's physician must complete the application and send it to the GIC.
- 3) The GIC will review the application for eligibility and will notify the insured of its decision.
- 4) The GIC sends periodic re-certification forms for continuation of handicapped dependent coverage to the employee.

If the child became disabled on or after the age of 19, coverage will end at age 26.

DEPENDENT TURNING AGE 19

Under the dependent age 19 to 26 expansion as the result of federal health care reform, an insured's child, stepchild, adopted child and eligible foster child will automatically continue health and dental coverage up to the last month the dependent turns age 26 as long as the insured has family coverage. All members of the GIC family plan must reside in the health plan's service area, unless the dependent is a full-time student. The GIC sends a questionnaire to insureds who have a covered dependent turning age 19. The insured only needs to complete and return the questionnaire if the dependent lives outside of the health plan's service area or is a full-time student living outside of the health plan's service area.

If the dependent is not the child, stepchild, adopted child or eligible foster child, he or she may be eligible for coverage under Massachusetts Health Reform up to age 26 or two years after the losing dependent status under IRS rules, whichever occurs first. The insured must contact the GIC's Continued Coverage Unit at 617-727-2310, ext. 5 for a Massachusetts Health Care Reform Dependent Application in order to apply.

The child of a dependent age 19 to 26 is not covered under federal health care reform.

If the insured wishes to cover the child of a dependent who is age 19 to 26, the insured may only cover both the dependent age 19 and over and the dependent's child under Massachusetts Health Care Reform. This will provide coverage for both the child and the dependent age 19 to 26 up to when the dependent turns age 26 or two years after loss of IRS dependent status, whichever occurs first. Instruct the insured to contact the GIC's Continued Coverage Unit at 617-727-2310, ext. 5 for the Massachusetts Health Care Reform Dependent Application. Attach a copy of the GIC Municipal Enrollment/Change Form (Form-1MUN) and the birth certificate for the child of the dependent and send them with the Massachusetts Health Care Reform Dependent Application to the GIC.

EMPLOYMENT CHANGES

HOURS REDUCED TO LESS THAN PART-TIME

If an employee falls below 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek, the employee is no longer eligible for GIC Health coverage will end at the end of the following month as long as the premiums are paid.

The employee may elect to continue health coverage through the Massachusetts Health Connector, COBRA, or Non-Group Conversion.

- 1) Give the employee the Marketplace Notice.
- 2) Update your payroll system to stop all GIC premium deductions.

HOURS REINSTATED TO PART-TIME OR MORE

If an employee resumes at least part-time status (18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek) after his/her GIC coverage has been terminated, the employee is considered a new hire. He/she is subject to the new hire waiting period beginning on the date he/she resumes half-time to full-time status. Follow the NEW HIRE section. If an employee resumes at least part-time status before the coverage termination date, coverage will continue uninterrupted.

MUNICIPALITY/AGENCY TRANSFER

When an employee transfers from a municipality to another participating municipality or state agency, complete the following:

- 1) Complete the GIC Municipal Employment Status Change Form (Form-1AMUN) on behalf of the employee:
 - ❖ If the employee is transferring to a state agency or GIC-participating municipality, indicate the name of the agency/municipality the employee is transferring to and the last day of work.

- ❖ If the employee is transferring from another state agency or municipality, indicate the name of the agency/municipality the employee is transferring from and the hire date.
- 2) Complete the GIC Municipal Employment Status Change Form (Form-1AMUN) on behalf of the employee:
 - ❖ If employee is transferring to a state agency or GIC-participating municipality, indicate the name of the agency/municipality the employee is transferring to and the last day of work.
 - ❖ If the employee is transferring from another state agency/municipality, indicate the name of the agency/municipality the employee is transferring from and the hire date.
 - 3) Update your payroll system to stop or begin the appropriate GIC premium deductions for the GIC coverage in force at the time of the transfer. Note that employees are not allowed to change health plans at the time of transfer, unless the employee is moving outside of a health plan's service area.
 - 4) Photocopy the completed GIC Municipal Employment Status Change Form (Form-1AMUN) and file in the employee's personnel file.
 - 5) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.

The effective date of the transfer will be the first day of the second month following the transfer as long as the GIC has been notified with the Form-1AMUN.

LATE ENROLLMENT

HEALTH INSURANCE

An employee must provide you with documentation of a qualifying status change event to be eligible to enroll in GIC health coverage during the year, other than during Annual Enrollment. An employee may not apply for late enrollment during his/her new hire waiting period. **Forms and required documentation must be received at the GIC within 60 days of the qualifying status change event. Otherwise the employee must wait until the next Annual Enrollment to enroll.**

Health late enrollment procedure:

- 1) The employee must complete the following form completely and legibly:
 - ❖ GIC Municipal Enrollment/Change Form (Form-1MUN)
 - For spousal coverage* – copy of marriage certificate.
 - For former spouse* – provide the following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
 - For dependent coverage under age 19* – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.
 - For dependent coverage age 19 or over* – Dependent Age 19 to 26 Enrollment/Change Form. For handicapped dependent coverage – Handicapped Dependent Application. Accompanying birth certificates must show the parent-child relationship to the insured or his/her spouse.
- 2) Verify that the form is completed accurately and completely. Ensure that the employee has entered all information completely, including the date of hire, and has signed and dated all forms.

- 3) On the GIC Municipal Enrollment/Change Form (Form-1MUN), indicate the agency/division number.
- 4) Photocopy the completed GIC enrollment form and documentation of the qualifying status change event and file them in the employee's personnel file.
- 5) Send the **original** signed forms and documentation to the GIC within 60 days of the qualifying status change event. Forms and documentation received after 60 days are returned and the employee may re-apply during Annual Enrollment.
- 6) If the GIC approves the late enrollment, we will advise you of the effective date.
- 7) If approved by the GIC, update your payroll system with the new premium deduction.

GIC RETIREE DENTAL

If your municipality offers the GIC Retiree Dental Plan, a retiree or survivor must apply for coverage within 60 days of a qualifying status change event.

Advise the retiree or survivor who is applying for late enrollment that once enrolled, if he/she drops coverage, he/she may never re-enroll in the plan.

Procedure:

- 1) Have the retiree or survivor complete and send you the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) and documentation of the qualifying status change event.
- 2) Sign the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD).
- 3) Photocopy the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) and documentation of the qualifying status change event and file them in the retired employee's personnel file.

- 4) Send the **original** GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) and documentation of the qualifying status change within 60 days of the qualifying status change event to the GIC. Forms and documentation received after 60 days of the qualifying status change event will be returned and the retiree may re-apply during Annual Enrollment.
- 5) Approval of the late enrollment and the effective date will be determined by the GIC.
- 6) If approved, the GIC will notify you of the effective date to start the pension deduction.

ANNUAL ENROLLMENT

All GIC-eligible employees must be given a Children's Health Insurance Program (CHIP) Notice each Annual Enrollment to let them know about how to access premium assistance if they or their children are eligible for Medicaid or CHIP.

If an employee is not currently enrolled in GIC coverage and wants to do so, complete the following and send to the GIC during the Annual Enrollment period.

HEALTH INSURANCE ENROLLMENT

If an employee is not currently enrolled in GIC Health insurance coverage, complete the following to enroll during Annual Enrollment:

- 1) To select their health benefits, employees must complete the following form completely and legibly.
 - ❖ GIC Municipal Enrollment/Change Form (Form-1MUN)
 - ◆ *For spousal coverage* – copy of marriage certificate.
 - ◆ *For former spouse* – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
 - ◆ *For dependent coverage under age 19* – copy of birth certificate(s) – the birth certificate must show the parent-child relationship to the insured or his/her spouse.
 - ◆ *For dependent coverage age 19 or over* – Dependent Age 19 to 26 Enrollment/Change Form. For a Handicapped Dependent, a Handicapped Dependent Application. The accompanying birth certificate(s) must show the parent-child relationship to the insured or his/her spouse.

- 2) Verify that the form above is completed accurately and completely. Ensure that the employee has checked the information entered on his/her forms, and has signed and dated all forms. Be sure to indicate the date of hire and agency/division number.
- 3) Update your payroll system with the new premium deduction.
- 4) Photocopy the completed GIC form and file it in the employee's personnel file.
- 5) Send all other **original** signed forms to the GIC by the Annual Enrollment deadline.

The employee should be automatically enrolled in pre-tax health insurance deductions unless he/she opts out of participating.

HEALTH INSURANCE CHANGES

During Annual Enrollment, employees may change their health plan election, change from individual to family, family to individual, or remove dependent(s) from family plan. The change will go into effect that July 1.

For employees already in a GIC plan who wish to make any of these changes during Annual Enrollment:

- 1) Have the employee complete and sign the GIC Municipal Enrollment/Change Form (Form-1MUN).
- 2) Verify that the form is completed accurately and completely. Ensure that you and the employee have signed and dated all forms.
- 3) Enter the new health plan premium deduction or coverage change into your payroll system.
- 4) Photocopy completed GIC form and file in the employee's personnel file.
- 5) Send the **original** signed form to the GIC by the Annual Enrollment deadline.

NOTE: The GIC may not be able to remove a dependent if there is a court order on file at the GIC requiring the employee to cover the dependent.

PRE-TAX HEALTH INSURANCE PREMIUMS

During Annual Enrollment, or anytime during the year due to a family status change, employees may elect to opt in or out of pre-tax premium deductions. Qualifying family status changes include: marriage, legal separation, divorce, birth or adoption of a child, death of a spouse or dependent, spouse commences or is terminated from employment, employee or spouse takes unpaid leave of absence, or employee loses health insurance elsewhere through no fault of the employee.

Opt-in: Employees who elected NOT to participate in the pre-tax program may elect to participate. There are no GIC enrollment/change forms to be completed to enroll in the pre-tax program. The employee must see his/her payroll department and inform them of his/her decision to have his/her deductions made on a pre-tax basis. The payroll person updates the payroll system to reflect the employee's pre-tax change election.

Opt-out: Employees who participate in the pre-tax program may elect NOT to participate.

- 1) Have the employee complete and sign the Pre-Tax Health Insurance Election Not to Participate form.
- 2) Forward the form to your municipality's payroll department. The payroll person updates the payroll system to reflect the employee's pre-tax change election.
- 3) File the **original** form in the employee's personnel file. Do not send the form to the GIC.

GIC RETIREE DENTAL

During Annual Enrollment, if your municipality offers the GIC Retiree Dental Plan, your retirees and survivors may enroll in coverage, change from individual to family, family to individual, or remove dependent(s) from their family Retiree Dental Coverage.

Let a retiree or survivor who is enrolling know that once enrolled, if he/she drops coverage, he/she may never re-enroll.

Procedure:

- 1) Have the retiree or survivor complete and send you the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD).
- 2) Sign the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD).
- 3) Photocopy the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) and file a copy in the retired employee's personnel file.
- 4) Send the **original** GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) to the GIC by the Annual Enrollment deadline.
- 5) Enter the dental deduction in your pension system for July 1 coverage.

MILITARY LEAVE

MILITARY LEAVE PROCEDURE

An employee who is on an approved leave of absence as a military caregiver may continue health and life coverage at his/her current employee contribution percentage for 26 weeks.

Military Members may want to compare their GIC health benefits with those offered by the Federal Government to determine whether the Federal Government's coverage will be sufficient for their spouse and/or dependents. An employee with family coverage may want to continue coverage for the benefit of his/her family. Alternately, an employee who is on leave of absence due to active military service in the United States Armed Forces may drop his or her insurance coverage for the duration of his or her leave of absence. Upon return to active employment, the employee's insurance coverage shall be restored on the same terms as would be in effect if the leave of absence had not occurred.

Employees with GIC health coverage taking an unpaid military leave of absence may do one of the following:

- ❖ Cancel health insurance coverage. Upon return, the employee may apply within 60 days to reinstate the same GIC coverage he or she carried immediately prior to the unpaid military leave of absence. The effective date will be the first of the month following receipt of the completed forms and documentation.
- ❖ Retain GIC health benefits. The municipality must collect the employee's share of GIC premiums. As long as the monthly premiums are collected during the military leave, GIC health benefits will continue.

To Process a Military Leave Health Insurance Cancellation:

- 1) Have the employee complete the GIC Municipal Enrollment/Change Form (Form-1MUN) with the "cancel coverage" box checked.
- 2) Photocopy the GIC Municipal Enrollment/Change Form (Form-1MUN) and file it in the employee's personnel file.
- 3) Send the **original** GIC Municipal Enrollment/Change Form (Form-1MUN) to the GIC.

RETURNING TO WORK AFTER A MILITARY LEAVE OF ABSENCE

When an employee returns to work after a military leave of absence, complete the following:

- 1) Complete a GIC Municipal Enrollment/Change Form (Form-1MUN) on behalf of the employee. Indicate the return from leave date in the Qualifying Status Change section. The employee is not subject to the New Hire waiting period as long as the Military Discharge Release forms are attached to the form.
- 2) Photocopy the form and the Military Discharge Release form and file them in the employee's personnel file.
- 3) Send the **original** GIC Municipal Enrollment/Change Form (Form-1MUN) and the copy of the Military Discharge Release form to the GIC within 60 days of the return to work. Forms and documentation received after 60 days of the return from military leave will be returned and the employee may re-apply for coverage during Annual Enrollment.
- 4) Update your payroll system to resume payroll deductions.

TERMINATION FROM MUNICIPAL SERVICE

COVERAGE END DATES AND PROCEDURES

Advise any employee leaving municipal service of the following GIC coverage end dates:

Date employment ends	GIC coverage end date
January 1-31	February 28
February 1-29	March 31
March 1-31	April 30
April 1-30	May 31
May 1-31	June 30
June 1-30	July 31
July 1-31	August 31
August 1-31	September 30
September 1-30	October 31
October 1-31	November 30
November 1-30	December 31
December 1-31	January 31

You are responsible for collecting the employee's share of GIC premiums through the coverage end date.

All municipalities must advise employees leaving municipal service of their right to continue group insurance coverage. All persons leaving municipal service must be given a copy of the COBRA Notice at the time of their leaving municipal service.

TERMINATION PROCEDURES – EXCEPT FOR SCHOOL DEPARTMENT EMPLOYEES WHO PRE-PAY THEIR GIC PREMIUMS FOR THE SUMMER

When an employee advises you that he or she is leaving municipal service:

- 1) Advise the employee that his/her health coverage ends at the end of the month following the month the employee ends municipal service.

- 2) Complete the GIC Municipal Employment Status Change Form (Form-1AMUN) on behalf of the employee. For the termination reason, enter “leaving municipal service” and indicate the last day of work (excluding vacation time).
- 3) Photocopy the completed GIC Municipal Employment Status Change Form (Form-1AMUN) and file it in the employee's personnel file.
- 4) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.

TERMINATION PROCEDURES – FOR SCHOOL DEPARTMENT EMPLOYEES WHO PRE-PAY THEIR GIC PREMIUMS FOR THE SUMMER (TEACHERS)

- 1) When a school department employee advises you that he or she is leaving municipal service at the end of the school year and has prepaid his/her health premiums through the summer: Complete the GIC Municipal Employment Status Change Form (Form-1AMUN) on behalf of the employee. For the termination reason, enter “leaving municipal service”. For the termination date, enter the last day of work in the School Department Termination section (excluding vacation/personal/sick time) and enter the premium paid through date for all premiums paid through the summer months. GIC coverage will end on the premium paid through date.
- 2) Photocopy the completed GIC Municipal Employment Status Change Form (Form-1AMUN) and file it in the employee's personnel file.
- 3) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.

The employee's health options depend on his or her age and length of municipal service. See the corresponding options and procedures below. Options are listed in order of recommended selection.

**BENEFIT OPTIONS:
NOT ELIGIBLE FOR RETIREMENT**

Option 1: Health Connector coverage for Massachusetts residents

Benefit: A choice of health insurance options with different benefits and prices. Depending on which plan you choose, your monthly premium with the Health Connector could be lower than other coverage options. Unlike COBRA coverage, Health Connector coverage does not have a maximum coverage period; you can continue coverage as long as you pay your premiums on time.

Drawback: Benefits may not be the same as the coverage you had through the GIC. If the employee enrolls in Health Connector coverage, he/she is waiving his/her right to elect health insurance under the GIC's COBRA or conversion options.

Procedure: Instruct the employee to contact the Health Connector for information and enrollment: MAhealthconnector.org; 1-877-623-6765.

Option 2: Keep GIC Health coverage under COBRA

Benefit: Allows the employee to stay in the same health plan.

Drawbacks: Employee pays 100% of the premium *plus* 2% for administration (no municipal contribution). Maximum coverage length – 18 months.

Procedure: If the employee elects COBRA, check the COBRA block on the GIC Municipal Employment Status Change Form (Form-1AMUN) before sending it to the GIC. Give the employee a COBRA application (available on the GIC's website – www.mass.gov/gic/forms). Advise the employee that although he/she has 60 days to elect COBRA coverage, the coverage is effective the first day of the month following the coverage end date

(see chart above). The longer the employee waits to send in the application, the more he/she will owe in retroactive premiums. Instruct the employee to complete and send the COBRA application directly to the GIC.

Option 3: Convert to Non-Group Health with current plan(s)

Benefit: Can keep coverage beyond 18 months.

Drawback: Benefits almost always less comprehensive than GIC plan coverage.

Procedure: Check non-group conversion on the GIC Municipal Employment Status Change Form (Form-1AMUN) before sending it to the GIC. Instruct the employee to contact his/her health plan for a non-group conversion application, benefits, procedures and costs.

**BENEFIT OPTIONS:
DEFERRED RETIREMENT**

Instruct the employee to contact his/her retirement board to confirm retirement eligibility.

If the employee is vested but not yet eligible, or chooses not to collect his/her monthly pension, we recommend that the employee elect Deferred Retirement. Under this option, the employee must keep his/her money in the retirement system until he/she retires. If the employee will not receive health coverage elsewhere, he or she can elect to keep health coverage at the full cost premium until retirement.

When the employee applies for his/her pension (at retirement) he or she should notify the GIC.

Deferred Retirement Coverage:

Instruct the employee to contact his/her retirement board to confirm retirement eligibility.

If the employee is vested but not yet eligible, or chooses not to collect his/her monthly pension, we recommend that the employee elect Deferred Retirement. Under this option, the employee must keep his/her money in the retirement system until

he/she retires. If the employee will not receive health coverage elsewhere, he or she can elect to keep health coverage at the full cost premium until retirement.

When the employee applies for his/her pension (at retirement) he or she should notify the GIC.

Deferred Retirement Coverage:

Keep health insurance paying 100% of the premium until retirement.

Procedure: Instruct the employee to check the deferred retiree block on the GIC Municipal Employment Status Change Form (Form-1AMUN), indicate his/her health selection, and sign it before sending it to the GIC and include a letter from the Municipal Retirement Board indicating that the employee has elected to keep their money in the retirement system until retirement.

For the other alternatives, see the benefits, drawbacks, and procedures for the NOT ELIGIBLE FOR RETIREMENT section.

RETIREMENT

If the employee wishes to retire and collect a monthly pension, see the RETIREMENT section for procedures.



LAYOFF FROM MUNICIPAL SERVICE

COVERAGE END DATES AND PROCEDURES

Advise any employee who is laid off of the following GIC coverage end dates:

Date employment ends	GIC coverage end date
January 1-31	February 28
February 1-29	March 31
March 1-31	April 30
April 1-30	May 31
May 1-31	June 30
June 1-30	July 31
July 1-31	August 31
August 1-31	September 30
September 1-30	October 31
October 1-31	November 30
November 1-30	December 31
December 1-31	January 31

To process a layoff:

You are responsible for collecting the employee's share of GIC premiums through the coverage end date.

When an employee is laid off, municipalities must advise the employee of their right to continue group insurance coverage. All persons terminating service must be given a copy of the COBRA notice at the time of their leaving state service. Advise the employee that health coverage ends at the end of the month following the month the employee ends municipal service.

LAYOFF PROCEDURES – EXCEPT FOR SCHOOL DEPARTMENT EMPLOYEES WHO PRE-PAY FOR THE SUMMER

When an employee is laid off:

- 1) Advise the employee that health coverage ends at the end of the month the employee ends municipal service.

- 2) Complete the GIC Municipal Employment Status Change Form (Form-1AMUN) on behalf of the employee. For the termination reason, enter "layoff" and indicate the last day of work (excluding vacation time). You are responsible for collecting the employee's share of GIC premiums through the coverage end date.
- 3) Photocopy the completed GIC Municipal Employment Status Change Form (Form-1AMUN) and file it in the employee's personnel file.
- 4) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.

LAYOFF PROCEDURES – FOR SCHOOL DEPARTMENT EMPLOYEES WHO PRE-PAY THEIR GIC PREMIUMS FOR THE SUMMER (TEACHERS)

- 1) When a school department employee is laid off at the end of the school year and has prepaid his/her health premiums through the summer: Complete the GIC Municipal Employment Status Change Form (Form-1AMUN) on behalf of the employee. For the termination reason, enter "layoff". For the termination date, enter the last day of work in the School Department Termination section (excluding vacation/personal/sick time) and enter the premium paid through date for all premiums paid through the summer months. GIC coverage will end on the premium paid through date.
- 2) Photocopy the completed GIC Municipal Employment Status Change Form (Form-1AMUN) and file it in the employee's personnel file.
- 3) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.

The employee's health options depend on his or her age and length of municipal service. See

the corresponding options and procedures below. Options are listed in order of recommended selection.

BENEFIT OPTIONS: LAYOFF – NOT ELIGIBLE FOR RETIREMENT

Option 1: Health Connector coverage for Massachusetts residents

Benefit: A choice of health insurance options with different benefits and prices. Depending on which plan you choose, your monthly premium with the Health Connector could be lower than other coverage options. Unlike COBRA coverage, Health Connector coverage does not have a maximum coverage period; you can continue coverage as long as you pay your premiums on time.

Drawback: Benefits may not be the same as the coverage you had through the GIC. If the employee enrolls in Health Connector coverage, he/she is waiving his/her right to elect health insurance under the GIC's COBRA or conversion options.

Procedure: Instruct the employee to contact the Health Connector for information and enrollment: MAhealthconnector.org; 1-877-623-6765

Option 2: Keep GIC health coverage for 39 weeks

Benefit: Allows the employee to stay in the same health plan

Drawback: Employee pays 100% of the premium (no municipal contribution). At the end of the 39-weeks, the former employee can switch to COBRA for the remaining 9 months of health coverage, for a total of 18 months coverage.

Procedure: If the employee elects 39-week coverage, have the employee check the 39-week coverage block on the GIC Municipal Employment Status Change Form (Form-1AMUN) and indicate his/her health selections and sign it before sending the form to the GIC.

Option 3: Keep GIC Health coverage under COBRA

Benefit: Allows the employee to stay in the same health plan.

Drawback: Employee pays 100% of the full-cost premium plus 2% for administration (no municipal contribution). Maximum coverage length – 18 months.

Procedure: If the employee elects COBRA, complete the following:

- 1) Check the COBRA block on the GIC Municipal Employment Status Change Form (Form-1AMUN).
- 2) Photocopy the GIC Municipal Employment Status Change Form (Form-1AMUN) and file it in the employee's personnel file.
- 3) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.
- 4) Give the employee a COBRA application (available on the GIC's website – www.mass.gov/gic/forms). Let the employee know that he/she will also receive a COBRA application at home. Advise the employee that although he/she has 60 days to elect COBRA coverage, the coverage is effective the first day of the month following the coverage end date (see chart above). The longer the employee waits to send in the application, the more he/she will owe in retroactive premiums. Instruct the employee to complete and send the COBRA application to the GIC.

Option 4: Convert to Non-Group Health coverage with current plan(s)

Benefit: Can keep coverage beyond 18 months.

Drawback: Benefits almost always less comprehensive than GIC plan coverage.

Procedure:

- 1) Check non-group conversion on the GIC Municipal Employment Status Change Form (Form-1AMUN) before sending it to the GIC.

- 2) Instruct the employee to contact their health plan for a non-group conversion application, benefits, procedures and costs.

BENEFIT OPTIONS: LAYOFF – DEFERRED RETIREMENT

Instruct the employee to contact their retirement board to confirm retirement eligibility. If the employee is vested, but not yet eligible for, or chooses not to collect their monthly pension, we recommend that the employee elect Deferred Retirement coverage. Under this option, the employee must keep his/her money in the retirement system until he/she retires. If the employee will not receive health coverage elsewhere, he/she can elect to keep health coverage at the full cost premium until retirement.

When the employee applies for their pension (at retirement) he/she should notify the GIC in order to pick up health coverage.

Deferred Retiree Coverage:

Keep health insurance, paying 100% of the premium until retirement.

Procedure: Instruct the employee to check the deferred retiree block on the GIC Municipal Employment Status Change Form (Form-1AMUN), indicate his/her health selection and sign it before sending it to the GIC and include a letter from the Municipal Retirement Board indicating that the employee has elected to keep their money in the retirement system until retirement.

For the other alternatives, see the benefits, drawbacks, and procedures under the NOT ELIGIBLE FOR RETIREMENT section.

RETIREMENT

If the employee wishes to retire and collect a monthly pension, see the RETIREMENT section for procedures.

ELIGIBILITY AND PROCEDURES

Ensure that the employee has confirmed his/her retirement eligibility with his/her retirement board and applies for retirement benefits. To continue GIC health as a retiree, the retiree must be eligible for and receiving a monthly pension. If the retiree becomes no longer eligible to receive a retirement or pension allowance from a GIC participating retirement system, he/she will no longer be eligible for any GIC benefits including the GIC Retiree Dental Plan.

To process a retirement:

- 1) Give the retiring employee a GIC Municipal *Benefit Decision Guide*. Instruct the retiring employee to read the frequently asked questions for retirement on our website – www.mass.gov/gic/faqs.
- 2) On the GIC Municipal Employment Status Change Form (Form-1AMUN), indicate the date of retirement and instruct the retiring employee to review his or her health and retiree dental options.
- 3) Review the form for completeness and sign it.
- 4) Photocopy the GIC Municipal Employment Status Change Form (Form-1AMUN) and file it in the retiring employee's personnel file.
- 5) Send the **original** GIC Municipal Employment Status Change Form (Form-1AMUN) to the GIC.
- 6) Stop the GIC deductions in your payroll system and coordinate deductions from the retiring employee's pension system.
- 7) If the retiring employee and/or his/her spouse is age 65 or over, instruct the retiring employee and/or his/her spouse to go to Social Security to find out about their Medicare eligibility. If eligible for Part A for free, the retiree and/or spouse must enroll in Medicare Part A and Part B. Be sure the retiring employee indicates their Medicare plan choice in the Retirement section of the GIC Municipal Employment Status Change Form (Form-1AMUN) with the date of retirement.

CHANGING HEALTH PLANS AT RETIREMENT

At retirement, an employee with GIC health coverage may change his/her health plans.

- 1) Instruct the retiring employee to indicate changes on the GIC Municipal Employment Status Change Form (Form-1AMUN) and sign it.
- 2) Review the form for completeness and sign.
- 3) Photocopy the form and file it in the retiring employee's personnel file.
- 4) Send the **original** form to the GIC
- 5) The GIC will determine the effective date of the change and notify the retiree.

ENROLLING IN A HEALTH PLAN AT RETIREMENT

If an employee is retiring and does not have GIC coverage, he/she may enroll in GIC coverage. However, he/she cannot enroll until he/she is actually receiving a retirement allowance or pension. You, the Coordinator, can assist the retiring employee with enrollment, or can direct him/her to the GIC.

To process:

- 1) Have the retiring employee complete and sign the following forms:
 - ❖ GIC Retiree/Survivor Enrollment/Change Form (Form-RS)
 - ❖ GIC Municipal Employment Status Change Form (Form-1AMUN)For family coverage, must also provide:
 - ◆ For spousal coverage – copy of marriage certificate.
 - ◆ For dependent coverage under age 19 – copy of birth certificate(s). The birth certificate(s) must show the parent-child relationship to the insured or his/her spouse.

RETIREMENT

- ◆ *For dependent coverage age 19 to 26 –* Dependent Age 19 to 26 Enrollment/Change Form and a copy of birth certificate. For a handicapped dependent, a Handicapped Dependent Application and a birth certificate. The birth certificate must show the parent-child relationship to the insured or his/her spouse.
 - ◆ *For former spouse –* provide the following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
- 2) Obtain from the retiring employee a letter from their retirement board indicating that the retirement has been approved and the effective date of retirement.
 - 3) Verify that the forms above are completed accurately and completely. Ensure that both you and the retiring employee have signed and dated all forms.
 - 2) Photocopy the completed GIC forms and the letter from the retirement board and file them in the retiring employee's personnel file.
 - 4) Send the **original** signed forms and a copy of the letter from the retirement board to the GIC. The GIC will determine the effective date of coverage and will notify the retiree.

NOTE: If the retiring employee does not enroll or continue in a GIC health plan at retirement, he/she may only enroll during the GIC's spring Annual Enrollment period or with proof of involuntary loss of other health coverage.

GIC RETIREE DENTAL

If your municipality offers the GIC Retiree Dental Plan, advise the retiring employee:

- ❖ That the GIC recommends comparing COBRA dental with the Retiree Dental Plan.
 - ❖ Once enrolled in GIC Retiree Dental, if he/she drops coverage, he/she may never re-enroll.
- ❖ If the retiring employee does not enroll in the plan within 60 days of retirement, he/she may only enroll in Retiree Dental during the GIC's spring Annual Enrollment period or within 60 days of a documented qualifying status change.

Procedure:

- 1) Have the retiree or survivor complete and send you the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD).
- 2) Sign the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) Municipal Retiree Dental Enrollment/Change Form (Form-MRD).
- 3) Photocopy the GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) and file a copy in the retired employee's personnel file.
- 4) Send the **original** GIC Municipal Retiree Dental Enrollment/Change Form (Form-MRD) along with the Form-1MUN for the retirement.
- 5) The effective date of the Retiree Dental Plan will be the first day of the second month following the date of retirement as long as the GIC receives the form on or before the date of retirement. If the Retiree Dental form is received at the GIC after the date of retirement, the GIC will determine the effective date of coverage and notify the municipality accordingly.
- 6) Enter the dental deduction in your pension system.

AGENCY CONTACT INFORMATION AND REPORTS

GIC COORDINATOR, MUNICIPALITY HEAD, OR ADDRESS CHANGE

Please be sure to notify the GIC of the GIC Coordinator and Municipality Head name, e-mail, and/or address changes. This will ensure that the municipality continues to receive GIC materials and updates. Send an email **with your agency/division number** to coordinatorchanges@state.ma.us with these changes.

GIC REPORTS AND RECONCILIATION PROCESS

The GIC sends all GIC Coordinators the following reports on a monthly basis. Be sure to follow the following procedures:

Monthly Municipal Billing Roster – Summary and Full File

These reports are an alphabetical list of employees by agency/municipality, who are insured with the Group Insurance Commission for the Health Insurance coverage.

Each month, review and verify the following information shown on the report :

- ❖ Names and employee ID for all insureds should agree with your municipality’s records.
- ❖ Coverage for each insured should agree with your municipality’s records.
- ❖ The premium due for each insured should agree with your municipality’s records.

MUNICIPALITY HAS DISCREPANCIES

- 1) If the Monthly Municipal Billing Roster contains incorrect names, coverage, or premium due GIC, indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:
 - ❖ The agency/division number (as it appears on the report)

- ❖ The premium due month
 - ❖ Check off box “Discrepancies are as listed”.
 - ❖ Employee’s ID number as it appears on the report – (EMPL – ID).
 - ❖ Employee’s name (last, first, middle initial).
 - ❖ Premium Amount (see premium reconciliation procedure).
 - ❖ Explanation of discrepancy:
 - ◆ Briefly describes the discrepancy.
 - ◆ Include the date and reason for all terminations of insurance coverage.
 - ◆ Include the retirement date for an employee who has retired.
- 2) Photocopy the Statement of Verification for your file.
 - 3) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

MUNICIPALITY DOES NOT HAVE DISCREPANCIES

- 1) If the Monthly Insurance Billing Report contains no discrepancies, send the Statement of Verification (discrepancy report) to the Group Insurance Commission with the following information:
 - ❖ The agency/division number.
 - ❖ The premium due month.
 - ❖ Check off box “Agency has no discrepancies”.
 - ❖ Signature of authorized official and date.
- 2) Photocopy the Statement of Verification for your file.
- 3) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

