



COBRA Enrollment Application User Guide





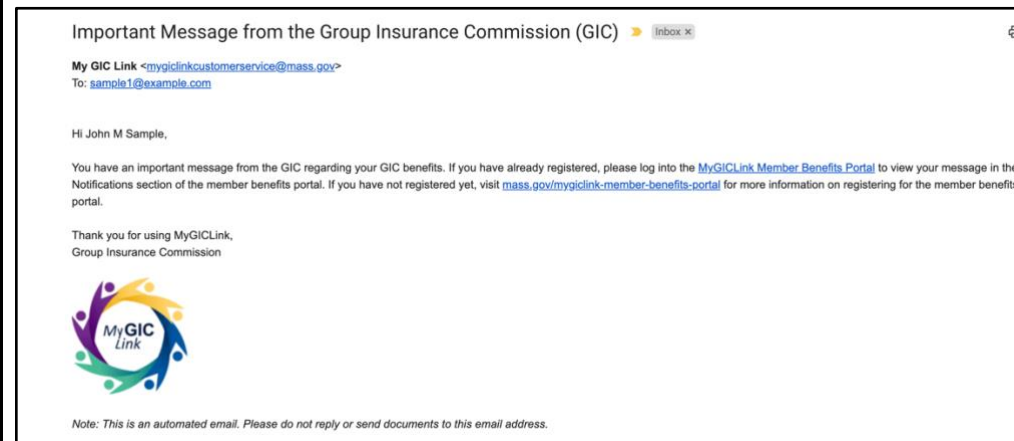
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Introduction

This GIC COBRA Enrollment Application user guide is intended to assist terminated employees (applicants) with step-by-step instructions for starting a COBRA Enrollment Application.

COBRA Enrollment Application Steps



Terminated employees whose Health and/or Dental/Vision coverages are terminated will receive an email indicating they have an important message in the MyGICLink.

Applicants must:

- Log into MyGICLink.



MyGICLink

Home Benefits My Profile Resources John S

Welcome to your Benefits Dashboard
John M Sample

ENROLLMENT STATUS
Enrolled

PLEASE NOTE
You can view your current benefits by clicking on the Benefits tab.

MY NOTIFICATIONS

- Your GIC benefits will end on MM/DD/YYYY. You may apply for continuation of benefits within 45 days of your termination date here

My Application(s)

You do not have any applications in progress at this time.

- Click on the link under **MY NOTIFICATIONS**.

My Application(s)

You do not have any applications in progress at this time.

Benefits Quicklinks

Qualifying Events
Learn more about enrolling in or changing GIC benefits due to a qualifying event.

Health Plan/Carrier Directory
Review the full list of GIC Plan Providers, plan information and contact details.

GIC Benefit Decision Guide
Resource to help you make an informed decision about your GIC benefits.

Support Requests
Send your question to the GIC.

*Please choose one option below:

☒ COBRA Enrollment

☐ Deferred Retirement Enrollment

Cancel Start Now

Applicants must:

- Select **COBRA Enrollment**.
- Click **Start Now** to proceed.



MyGICLink Home Benefits My Profile Resources John S

Cobra Enrollment

*Represents all the required fields. Make sure to click on Save And Next to save data.

- 1 Getting Started
- 2 Personal Information
- 3 Plan Selection
- 4 Documents
- 5 Review and Submit

Getting Started

COBRA enrollees have the right to continuation of GIC health and/or dental vision coverage (if applicable) for up to 18 months from your GIC coverage end date if you lose your group coverage because your hours of employment are reduced or your state or municipal employment ends for reasons other than gross misconduct. COBRA enrollees will be direct billed for 102% of the premium monthly.

Health

As a COBRA enrollee you may continue your current GIC health benefits for up to 18 months provided the required monthly premium is paid. During that 18 month period, you may apply to add or remove dependents, or cancel your health plan within 60 days of a qualifying event or during Annual Enrollment. If enrolling in a GIC family health plan or adding a dependent for the first time due to a qualifying event or during Annual Enrollment, you must provide a copy of a marriage certificate, birth certificate, separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your health plan.

GIC Dental

As a COBRA enrollee you may continue your current GIC Dental/Vision Plan for up to 18 months provided the required monthly premium is paid. During that 18 month period, you may apply to add or remove dependents, or cancel your dental plan within 60 days of a qualifying event or during Annual Enrollment. If enrolling or adding a dependent for the first time due to a qualifying event or during Annual Enrollment, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a newly enrolled dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your dental plan. For a newborn only, the Social Security Number can be provided later.

Applicants will be directed to the **COBRA Enrollment** Application.

Applicants must complete all required prompts and actions for the steps listed on the navigation menu.

1. Getting Started
2. Personal Information
3. Plan Selection
4. Documents
5. Review and Submit



Step 1: Getting Started

HomeBenefitsMy ProfileResourcesJohn S

Cobra Enrollment

*Represents all the required fields. Make sure to click on Save And Next to save data.

1Getting Started

2Personal Information

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COBRA enrollees have the right to continuation of GIC health and/or dental vision coverage (if applicable) for up to 18 months from your GIC coverage end date if you lose your group coverage because your hours of employment are reduced or your state or municipal employment ends for reasons other than gross misconduct. COBRA enrollees will be direct billed for 102% of the premium monthly.

Health

As a COBRA enrollee you may continue your current GIC health benefits for up to 18 months provided the required monthly premium is paid. During that 18 month period, you may apply to add or remove dependents, or cancel your health plan within 60 days of a qualifying event or during Annual Enrollment. If enrolling in a GIC family health plan or adding a dependent for the first time due to a qualifying event or during Annual Enrollment, you must provide a copy of a marriage certificate, birth certificate or hospital announcement (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your health plan. For a newborn only, the Social Security Number can be provided later.

GIC Dental

As a COBRA enrollee you may continue your current GIC Dental/Vision Plan for up to 18 months provided the required monthly premium is paid. During that 18 month period, you may apply to add or remove dependents, or cancel your dental plan within 60 days of a qualifying event or during Annual Enrollment. If enrolling or adding a dependent for the first time due to a qualifying event or during Annual Enrollment, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a newly enrolled dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your dental plan. For a newborn only, the Social Security Number can be provided later.

If you would like to enroll in or update your GIC benefits? Click Next below

If you would like to view your current benefits please navigate to "Benefits" page or [click here](#)

NEXT

To begin the application, applicants can:

- Review the information on the **Getting Started** page.
- Scroll down and click **NEXT** to proceed.



Step 2: Personal Information

The screenshot shows the 'Cobra Enrollment' page on the MyGICLink website. The user is logged in as 'John S'. The page has a sidebar with five steps: 1. Getting Started, 2. Personal Information (selected), 3. Plan Selection, 4. Documents, and 5. Review and Submit. The main content area is titled 'Personal Information' and includes a sub-header 'Enrollee Information' and 'Contact Information'. The 'Enrollee Information' section contains fields for Full Name (John M Sample), Date of Birth (1/1/1965), Gender (Male), Social Security Number (*****1234), and Reference ID (1A2B3C4D). The 'Contact Information' section contains fields for Home Address (2 Portal Way Boston MA 02115 United States), Mailing Address, Mobile Phone (123-456-7890), and Email (sample1@example.com). At the bottom of the form, there is a question: '* Is the information listed above accurate?' with radio buttons for 'Yes' (selected) and 'No'. Below the form are two buttons: 'Previous' and 'Save and Next' (highlighted with a red box).

MyGICLink

Home Benefits My Profile Resources John S

Cobra Enrollment

*Represents all the required fields. Make sure to click on Save And Next to save data.

Cancel Application Save and Exit

Getting Started

2 Personal Information

3 Plan Selection

4 Documents

5 Review and Submit

Personal Information

Please review the following information for accuracy.

Enrollee Information

FULL NAME
John M Sample

DATE OF BIRTH
1/1/1965

GENDER
Male

SOCIAL SECURITY NUMBER
*****1234

REFERENCE ID
1A2B3C4D

Contact Information

HOME ADDRESS
2 Portal Way Boston MA 02115
United States

MAILING ADDRESS

MOBILE PHONE
123-456-7890

EMAIL
sample1@example.com

* Is the information listed above accurate?

Yes No

Previous Save and Next

Applicants will be directed to the **Personal Information** section and can:

- Review and confirm their personal information.

If the information is accurate, applicants must:

- Select **Yes** to the **Is the information listed above accurate?** question.
- Click **Save and Next** to proceed.



Step 3: Plan Selection

MyGICLink

Home Benefits My Profile Resources John S

Cobra Enrollment

*Represents all the required fields. Make sure to click on Save And Next to save data.

Cancel Application Save and Exit

Getting Started

Personal Information

3 Plan Selection

3.1 Health

3.2 GIC Dental

4 Documents

5 Review and Submit

Plan Selection

3.1 - Health Insurance

PREMIUM TOTAL
\$2,220.15 View details

Health Insurance

Your Current Plan

CARRIER NAME	FAMILY
Tufts Health Plan Navigator COBRA (Family)	\$2,220.15

View Detail

* Please choose one of the options below to update your GIC Health Insurance:
Your active employee GIC health plan was terminated on MM/DD/YYYY

☒ Elect Cobra Health ☐ Opt-out of Cobra Health

Effective Date

MM/DD/YYYY

Applicants will be directed to the **Health** section under the **Plan Selection**. This page displays **Your Current Plan** with your monthly premiums.

Applicants can:

- Click **Elect COBRA Health**.

Note: If applicants select **Opt out**, they will not be enrolled in COBRA Health Insurance.

Note: The effective date will auto-populate with the 1st of the month after the applicants' termination date.



MyGICLink

Home

Benefits

My Profile

Resources

John S

Cobra Enrollment

Cancel Application

Save and Exit

Getting Started

Personal Information

Plan Selection

3.1 Health

3.2 GIC Dental

Documents

Review and Submit

Health Insurance

Your Current Plan

CARRIER NAME	FAMILY
Tufts Health Plan Navigator COBRA (Family) View Detail	\$2,220.15

*Please choose one of the options below to update your GIC Health Insurance:
Your active employee GIC health plan was terminated on MM/DD/YYYY

☒ Elect Cobra Health

☐ Opt-out of Cobra Health

Effective Date
MM/DD/YYYY

Health Insurance Dependents

[Click here for required documents information](#)

NAME	RELATIONSHIP	DATE OF BIRTH	ACTION
JANE P SAMPLE	Spouse	1/1/1965	View

Previous

Save and Next

Applicants can view enrolled dependents.

Note: Applicants cannot edit, add or remove a dependent. They can only view dependents.

- Click **Save and Next** to proceed.

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MyGICLink Home Benefits My Profile Resources John S

Cobra Enrollment
*Represents all the required fields. Make sure to click on Save And Next to save data.

Cancel Application Save and Exit

Getting Started
Personal Information
Plan Selection
3.1 Health
3.2 GIC Dental
Documents
Review and Submit

Plan Selection
3.2 - GIC Dental

PREMIUM TOTAL
\$2,220.15 [View details](#)

GIC Dental Insurance

Your Current Plan

CARRIER NAME	FAMILY
MetLife Classic - Indemnity Plan COBRA (Family) View Detail	\$131.64

* Please choose one of the options below to update your GIC Dental Insurance:
Your active employee GIC Dental plan was terminated on MM/DD/YYYY

☒ Elect Cobra Dental ☐ Opt-out of Cobra Dental

Effective Date
MM/DD/YYYY

Dependents

Applicants will be directed to the **GIC Dental** section under the **Plan Selection**. This page displays **Your Current Plan** with your monthly premiums.

Applicants can:

- Click **Elect COBRA Dental**.

Note: If applicants select **Opt out**, they will not be enrolled in COBRA Dental Insurance.

Note: The effective date will auto-populate with the 1st of the month after the applicants' termination date.



MyGICLink Home Benefits My Profile Resources John S

Cobra Enrollment

*Represents all the required fields. Make sure to click on Save And Next to save data.

Cancel Application Save and Exit

\$2,351.79 View details

GIC Dental Insurance

Your Current Plan

CARRIER NAME	FAMILY
MetLife Classic - Indemnity Plan COBRA (Family) View Detail	\$131.64

*Please choose one of the options below to update your GIC Dental Insurance:
Your active employee GIC Dental plan was terminated on MM/DD/YYYY

☒ Elect Cobra Dental ☐ Opt-out of Cobra Dental

Effective Date
MM/DD/YYYY

Dependents

GIC Dental Dependents

[Click here for required documents information](#)

NAME	RELATIONSHIP	DATE OF BIRTH	ACTION
JANE P SAMPLE	Spouse	1/1/1965	View

Previous Save and Next

Applicants can view enrolled dependents.

Note: Applicants cannot edit or add a dependent. They can only view dependents.

- Click **Save and Next** to proceed.



Step 4: Documents

MyGICLink Home Benefits My Profile Resources John S

Cobra Enrollment [Cancel Application](#) [Save and Exit](#)

*Represents all the required fields. Make sure to click on Save And Next to save data.

✓ Getting Started
✓ Personal Information
✓ Plan Selection
4 Documents
5 Review and Submit

Dependents
[Click Here for Required Documents Information](#)

DEPENDENT NAME	RELATIONSHIP	PLAN COVERAGE TYPE	ACTION	STATUS
No documents are required.				

Document requirements

RELATIONSHIP	DOCUMENT TYPE
Dependent under 19	Birth Certificate, Adoption, Court order, Guardianship Document, or Hospital Birth announcement (Newborn Only)
Dependent 19-26	Birth Certificate, Adoption, Court order, Guardianship Document
Full-Time Student	Birth Certificate, Adoption, Court order, Guardianship Document
Handicapped Dependent	Birth Certificate, Adoption, Court order, Guardianship Document, Handicapped Dependent application
Spouse	Marriage Certificate
Former Spouse	Divorce Decree

[Previous](#) [Save and Next](#)

Applicants will be directed to the **Documents** section.

- Click **Save and Next** to proceed.

Note: Documents are not required for this application since applicants can't add or edit dependents.



Step 5: Review and Submit

MyGICLink Home Benefits My Profile Resources John S

Cobra Enrollment Cancel Application Save and Exit

*Represents all the required fields. Make sure to click on Save And Next to save data.

Getting Started
Personal Information
Plan Selection
Documents
5 Review and Submit

Review and Submit
Please review the information that you have entered for accuracy. If you would like to make any changes to a section, click the update button.

Premium Total \$2,351.79
[View details](#)

Personal Information

Enrollee Information

Full Name John M Sample	Date of Birth 1/1/1965	Gender Male	Social Security Number XXX-XX-1234
----------------------------	---------------------------	----------------	---------------------------------------

Reference ID
1A2B3C4D

Contact Information

Home Address 2 Portal Way Boston MA 02115 United States	Mailing Address
---	-----------------

Mobile Phone
123-456-7890

Email
sample1@example.com

[Update Personal Information](#)

Health Insurance

Applicants will be directed to the **Review and Submit** section and must:

- Review all the selections.

Note: Applicants must click the arrow available on the accordion to expand and review each section of the application.



 Home Benefits My Profile Resources John S 

Cobra Enrollment

*Represents all the required fields. Make sure to click on Save And Next to save data.

Cancel Application Save and Exit

- ✓ Getting Started
- ✓ Personal Information
- ✓ Plan Selection
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- 5 Review and Submit**

Update Personal Information

Health Insurance >

GIC Dental >

Attestation

I authorize the GIC to update my GIC benefits and direct bill me monthly for the coverage I have selected. I understand that due to IRS regulations, health insurance coverage elections are binding for the duration of the plan year and that I may only change my coverage during the plan year if I experience a qualifying status change (examples include marriage, birth/adoption of a child, death of a dependent). I understand that the GIC must receive any required documentation for health insurance enrollments and changes within 60 days of the event. All divorces and remarriages must be reported to the Group Insurance Commission; failure to notify the GIC of legal separation, divorce or remarriage can result in financial liability to you.

* ✓ I certify that I have read and acknowledge the above attestation

Full Name Date

John M Sample

*Enter Your Full Name

John M Sample

Previous Submit

Applicants must:

- Check the **attestation check box**.
- Enter the applicant's full name, as it appears on the screen, and
- Click **Submit**.

A screenshot of the MyGICLink web application. The page is titled "Cobra Enrollment" and includes a navigation bar with links for Home, Benefits, My Profile, Resources, and John S. A sidebar on the left shows a progress list: Getting Started, Personal Information, Plan Selection, Documents, and Review and Submit (the last one is active). The main content area has a "Health Insurance" section with a dropdown menu. A "Confirm Submission" pop-up window is centered on the screen, asking "Are you sure you want to submit the application? You will not be able to update your application once it has been submitted." The pop-up has "No" and "Yes" buttons, with the "Yes" button highlighted by a red rectangle. At the bottom of the page, there are "Previous" and "Submit" buttons.

A confirmation pop-up will appear on the page.

Applicants must:

- Click **Yes**.



MyGICLink Home Benefits My Profile Resources John S

Cobra Enrollment
*Represents all the required fields. Make sure to click on Save And Next to save data.

- ✓ Getting Started
- ✓ Personal Information
- ✓ Plan Selection
- ✓ Documents
- 5 Review and Submit

Review and Submit

Premium Total **\$2,351.79**
[View details](#)

✓ **Success!**
Your Cobra Enrollment Application has been successfully submitted.
Please keep the case number for your reference - **12345678**

[Print](#)

Personal Information

Enrollee Information

Full Name	Date of Birth	Gender	Social Security Number
John M Sample	1/1/1965	Male	XXX-XX-1234
Reference ID	1A2B3C4D		

Contact Information

A success message will appear on the page notifying the applicant that the COBRA Enrollment Application has been successfully submitted.

Note: Applicants must keep this case number for their reference.