



# COBRA Enrollment Application User Guide





<b>Introduction</b>	3
<b>COBRA Enrollment Application Steps</b>	3
Step 1: Getting Started	6
Step 2: Personal Information	7
Step 3: Plan Selection	8
Step 4: Documents	12
Step 5: Review and Submit	13



## 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

Important Message from the Group Insurance Commission (GIC) Inbox x

**My GIC Link** <mygiclinkcustomerservice@mass.gov>  
To: [sample1@example.com](mailto:sample1@example.com)

Hi John M Sample,

You have an important message from the GIC regarding your GIC benefits. If you have already registered, please log into the [MyGICLink Member Benefits Portal](#) to view your message in the Notifications section of the member benefits portal. If you have not registered yet, visit [mass.gov/mygiclink-member-benefits-portal](http://mass.gov/mygiclink-member-benefits-portal) for more information on registering for the member benefits portal.

Thank you for using MyGICLink,  
Group Insurance Commission



Note: This is an automated email. Please do not reply or send documents to this email address.

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.



The screenshot shows the MyGICLink dashboard for John M Sample. The top navigation bar includes Home, Benefits, My Profile, Resources, and John S. The main content area is divided into two sections. On the left, a blue banner reads "Welcome to your Benefits Dashboard John M Sample". Below this, a yellow box indicates "ENROLLMENT STATUS: Enrolled". A "PLEASE NOTE" box states: "You can view your current benefits by clicking on the Benefits tab." On the right, the "MY NOTIFICATIONS" section contains a red-bordered box with the text: "Your GIC benefits will end on MM/DD/YYYY. You may apply for continuation of benefits within 45 days of your termination date here". Below the notifications, a section titled "My Application(s)" states: "You do not have any applications in progress at this time."

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

The screenshot shows a modal dialog box overlaid on the dashboard. The dialog contains the text: "\*Please choose one option below:". There are two radio button options: "COBRA Enrollment" (which is selected and highlighted with a red box) and "Deferred Retirement Enrollment". At the bottom of the dialog, there are two buttons: "Cancel" and "Start Now" (which is highlighted with a red box). The background of the dashboard is dimmed, showing the "My Application(s)" and "Benefits Quicklinks" sections.

Applicants must:

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



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

click here'. A red-bordered 'NEXT' button is located at the bottom right of the page."/>

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
- Review and Submit

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

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  
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	DATE OF BIRTH	GENDER
John M Sample	1/1/1965	Male
SOCIAL SECURITY NUMBER	REFERENCE ID	
*****1234	1A2B3C4D	

**Contact Information**

HOME ADDRESS	MAILING ADDRESS
2 Portal Way Boston MA 02115 United States	
MOBILE PHONE	EMAIL
123-456-7890	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) <a href="#">View Detail</a>	\$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

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

\*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

#### Health Insurance

##### Your Current Plan

CARRIER NAME	FAMILY
Tufts Health Plan Navigator COBRA (Family) <a href="#">View Detail</a>	\$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

#### Dependents

##### Health Insurance Dependents

[Click here for required documents information](#)

NAME	RELATIONSHIP	DATE OF BIRTH	ACTION
JANE P SAMPLE	Spouse	1/1/1965	<a href="#">View</a>

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.



The screenshot shows the MyGICLink Cobra Enrollment page. The navigation bar includes Home, Benefits, My Profile, Resources, and John S. The page title is "Cobra Enrollment" with a note: "\*Represents all the required fields. Make sure to click on Save And Next to save data." There are "Cancel Application" and "Save and Exit" buttons. A progress bar on the left shows steps: Getting Started, Personal Information, Plan Selection (current), 3.1 Health, 3.2 GIC Dental, Documents, and Review and Submit. The main content area is titled "Plan Selection" for "3.2 - GIC Dental". It shows a "PREMIUM TOTAL" of "\$2,220.15" with a "View details" link. Below this is a section for "GIC Dental Insurance" with a sub-section "Your Current Plan". A table lists the current plan:

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

Below the table is a "View Detail" link. A red box highlights the "Your Current Plan" table and the instruction: "\* 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". Two radio button options are shown: "Elect Cobra Dental" (selected) and "Opt-out of Cobra Dental". Below this is an "Effective Date" field with a red arrow pointing to it, containing the placeholder "MM/DD/YYYY". A "Dependents" section is partially visible at the bottom.

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) <a href="#">View Detail</a>	\$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	<a href="#">View</a>

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

MyGIC Link 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, <a href="#">Handicapped Dependent application</a>
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

The screenshot shows the 'Cobra Enrollment' page in the MyGIC Link system. The page has a navigation bar with 'Home', 'Benefits', 'My Profile', 'Resources', and 'John S'. Below the navigation bar, there are buttons for 'Cancel Application' and 'Save and Exit'. A progress indicator on the left shows five steps: 'Getting Started', 'Personal Information', 'Plan Selection', 'Documents', and 'Review and Submit' (which is the current step, indicated by a blue circle with the number 5). The main content area is titled 'Review and Submit' and includes a 'Premium Total' of \$2,351.79. The form is divided into sections: 'Personal Information' (with a dropdown arrow), 'Enrollee Information' (with fields for Full Name, Date of Birth, Gender, and Social Security Number), 'Reference ID', 'Contact Information' (with fields for Home Address, Mailing Address, Mobile Phone, and Email), and 'Health Insurance' (with a right arrow). An 'Update Personal Information' button is located at the bottom of the form.

MyGIC Link

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

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	Date of Birth	Gender	Social Security Number
John M Sample	1/1/1965	Male	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.



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
- Documents
- 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**.



The screenshot shows the MyGIC Link Cobra Enrollment interface. On the left, a progress bar indicates the following steps: Getting Started, Personal Information, Plan Selection, Documents, and Review and Submit (the current step). The main content area includes sections for 'Update Personal Information', 'Health Insurance', and 'Documents'. A 'Confirm Submission' dialog box is overlaid in the center, 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 dialog box has two buttons: 'No' and 'Yes'. The 'Yes' button is highlighted with a red rectangular border. At the bottom of the dialog box, there is a checkbox labeled 'I certify that I have read and acknowledge the above attestation' and a text input field for 'Full Name' containing 'John M Sample'. The background page also shows a 'Submit' button at the bottom right.

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
- 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.