

Deferred Retirement Enrollment Application User Guide





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Introduction

This GIC Deferred Retirement Enrollment Application user guide is intended to assist terminated employees (applicants) with step-by-step instructions for starting a Deferred Retirement Enrollment Application.							
Deferred Retirement Enrollment Application	St	teps					
Important Message from the Group Insurance Commission (GIC) > Interior And State Sta		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.					
Note: This is an automated email. Please do not reply or send documents to this email address.							



My GICLink	Home Benefits My Profile Resources John S	Click on the link under MY NOTIFICATIONS:
Welcome to your Benefits Dashboard John M Sample	Your GIC benefits will end on MM/DD/YYYY. You may apply for continuation of benefits	
ENROLLMENT STATUS Enrolled PLEASE NOTE You can view your current benefits by clicking on the Benefits tab.	within 45 days of your termination date here	
My Application(s) You do not have any applications in progress at this time.		



My GIC Link	Home Benefits My Profile Resources John S	Applicants must: • Select Deferred Retirement
Welcome to your Benefits Day John M Sample ENROLLMENT STATUS Not Enrolled PLEASE NOTE You can view yo by clicking on th	* Please choose one option below: COBRA Enrollment Deferred Retirement Enrollment Cancel Start Now r continuation of benefits be Benefits tab.	Enrollment. Click Start Now to proceed.
My Application(s) You do not have any applications in progres	ss at this time.	







Step 1: Getting Started

			can:
eferred Retirement Represents all the required fields. Mak	e sure to click on Save And Next to save data.		Review the information on the
Getting Started Personal Information	Getting Started		Getting Started page.
3) Plan Selection As a deferred retiree you have the right in retain your right to collect a pension is subsequent determination of ineligibility of the retain your right to collect a pension is subsequent determination of ineligibility deferred retiree benefits, you will be deferred retiree benefits, you will be do continue. Documentation from your retises submit your application.		e GIC benefits if you are vested with your retirement system and retirement system in the future. Any withdrawal of funds or nsion allowance disgualifies you from GIC benefits. If you elect d for 100% premium monthly for all GIC benefits you elect to stem indicating that you are vested must be uploaded when you	
	Basic Life You can continue Basic Life Insurance in the amount of \$5,000 and designate your life insurance beneficiaries. You must be enrolled in Basic Life to be eligible for health and Optional Life insurance benefits. Optional Life You may elect to continue your Optional Life Insurance as a deferred retiree. You may also elect to cancel or decrease your Optional Life Insurance coverage when applying for deferred retiree coverage or anytime throughout the year; the effective date of cancellation or decrease is determined by the GIC.	Medicare If you are enrolled in a GIC health plan and you and/or your spouse are age 65 or older and Medicare eligible, you and/or your spouse will be required to enroll in Medicare Part A [for free] and Part B with the Social Security Administration and elect a GIC Medicare Plan in accordance with state law. Failure to enroll in a GIC Medicare Plan will result in termination of your GIC health plan. If you and/or your spouse are not Medicare eligible, proof of ineligibility from the Social Security Administration will be required. GIC Dental You can enroll in GIC Retiree Dental Plan or enroll in GIC COBRA Your Can enroll in GIC Retiree Dental Plan or enroll in GIC COBRA	



Wy GICLink Deferred Retirement "Represents all the required fields. Make Image: Comparis and the second sec	Hor sure to click on Save And Next to save data. Trefiree coverage or anytime throughout the year; the effective date of cancellation or decrease is determined by the Gic. Health The Mark Stream of the service of the service of the service of the first time, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter of appointment a legal guardian, etc., for each person you include as newly enrolled dependent with your enrollment. If you do not provide required documentation your dependents will not be legiple for coverage. Social Security Numbers must be provided to each dependent enrolling in your health plan. For a newborn only, the Social Security Number can be provided later. *Confirm you are vested and leaving your retirement contribut * to implement to the security of the security to the provided later.	ne Benefits My Profile Resources John 5 Generation of the second seco	 Applicants must: Select Yes to the Confirm you are vested and leaving your retirement contributions in the retirement system? question. Enter the name of your Retirement System. Click NEXT to proceed. Note: If applicants select No because they are not vested and leaving their retirement contributions in the
		NEXT	they are not vested and leaving their retirement contributions in the retirement system, they will not be able to proceed with the application.



Step 2: Personal Information

Deferred Retirement *Represents all the required fields. M	ake sure to click on Save And Next to save data.		Cancel Applica	ation Save and Exit	 Personal Information section and can: Review and confirm their
 Getting Started Personal Information Started in Started 	Personal Information Please review the following info	rmation for accuracy.			personal information.
 Plan Selection Documents Review and Submit 	FULL NAME John M Sample SOCIAL SECURITY NUMBER ******1234 Contact Information HOME ADDRESS 2 Portal Way Boston MA 02115 United States MOBILE PHONE 123-456-7890	DATE OF BIRTH 1/1/1965 REFERENCE ID 1A2B3C4D MAILING ADDRESS EMAIL sample1@example.com	GENDER Male		If the information is accurate, applicants must: • Select Yes to the Is the information listed above accurate? question.
	* Is the information listed above acc	urate?	Previot	us Save and Next	Click Save and Next to proceed.



Step 3: Plan Selection

		Home Benefits	My Profile Resour	ces John S	Applicants will be directed to the Basic
					Life Insurance section under Life
Deferred Retirement *Represents all the required fields. M	ake sure to click on Save And Next to save data.		Cancel Applicatio	n Save and Ex	Insurance. This page displays Your
 Getting Started Personal Information Plan Selection 	Plan Selection 3.1-Life Insurance		PREMIU \$6.35	IM TOTAL View details	Current Plan with your monthly premiums.
3.1 Life Insurance 3.2 Health 3.3 GIC Dental 4 Documents 5 Review and Submit	Your Current Plan CARRER NAME MetLife Basic Life View Detail *What would you like to do with you © Continue Opt out	COVERAGE AMOUNT \$5,000.00 r current Basic Life Insurance Plan?	MONTHLY PREMIUMS \$6.35		 Applicants can: Select Continue to proceed with the current Basic Life Insurance.
	Optional Life Insurance Your Current Coverage		Previous	Save and Nex	Note: If applicants choose to Opt out of the Basic Life Insurance, they can't continue with Optional Life or Health Insurance.



My GICLink	Home Benefits My Profile Resources John S 🔹	If applicants are enrolled in the GIC
Deferred Retirement *Represents all the required fields. Mak	ke sure to click on Save And Next to save data. Cancel Application Save and Exit	continue, decrease, or opt out of the
Getting Started Personal Information	Optional Life Insurance	coverage.
 Plan Selection 3.1 Life Insurance 3.2 Health 3.3 GIC Dental 4 Documents 	SMOKER STATUS COVERAGE TYPE COVERAGE AMOUNT No Multiplier(8 X Base Salary) \$1,120,000.00 *What would you like to do with your current Optional Life Insurance plan? Continue Decrease O continue Decrease Opt out	Applicants can:Click Continue to proceed with
(5) Review and Submit	Monthly Premium \$324.80	the current Optional Life Insurance.
	Your Life Insurance Beneficiaries Please designate beneficiary(s) to your GIC life insurance plan. Primary Beneficiaries	Note: If applicants select the Decrease option for Optional Life Insurance, they
A.	NAME RELATIONSHIP PERCENTAGE ACTION Previous Save and Next	Fixed Amount.
		Note: If applicants select Opt out, their Optional Life Insurance will be canceled.



Wy GICLink Deferred Retirement "Represents all the required fields. Make	sure to click on Save And Next to save data.	Home Be	nefits My Pro	file Resources John S ancel Application Save and	S and Exit	Upon completing the Life Insurance selection, applicants can update Life Insurance beneficiaries or proceed with
 Getting Started Personal Information Plan Selection 3.1 Life Insurance 3.2 Health 3.3 GIC Dental 	Monthly Premium \$324.80 Your Life Insurance Beneficiaries Please designate beneficiary(s) to your GIC life in Primary Beneficiaries	isurance plan.				the existing beneficiaries. Applicants can: • Select No to proceed with the
(4) Documents	NAME	RELATIONSHIP	PERCENTAGE	ACTION		existing beneficiaries.
(5) Review and Submit	Jane Sample	Spouse Total Allocation	100.00	View		Click Save and Next to proceed.
	*Would you like to update beneficiaries fo Yes No	r your Life Insurance plan(s)?		Previous Save and I	d Next	Note: If applicants select Yes, the existing beneficiaries will be revoked, and they will have the option to add new beneficiaries.



MyGICLink Deferred Retirement *Represents all the required fields. Make	Home Benefit e sure to click on Save And Next to save data.	ts My Profile Re Cancel Appl	esources John S	Applicants will be directed to the Heal section under Plan Selection . This page displays Your Current Plan with
 Getting Started Personal Information Plan Selection Life Insurance Health 	Plan Selection 3.2 - Health Insurance Health Insurance Note: Where you live determines which health insurance plans you may enroll in.	PRE \$50	MIUM TOTAL 0.55 View details	individual and family premiums. Applicants can:
3.3 GIC Dental	Your Current Plan			Click Continue.
(4) Documents	CARRIER NAME	INDIVIDUAL	FAMILY	
S Review and Submit	Unicare State Indemnity Plan/PLUS (Individual) View Detail	\$808.96*	\$1,932.95	Note: If applicants select Opt out, the
	*Would you like to continue with GIC Health Insurance? Continue Opt Out Available Health Insurance Plans			Health Insurance will be canceled.
	Select a GIC Health Plan below.	Calculate Health Prem	ium Save and Next	



My GICLink Deferred Retirement 'Represents all the required fields. Make s	ure to click on Save And Next to save data.	Home Benefits	My Profile Re Cancel Appli	sources John S	Scroll down to Available Health Insurance Plans.
Getting Started Personal Information	Available Health Insurance Plans Select a GIC Health Plan below.			FAMILY	Applicants must:Select the box next to the desire
3 Plan Selection 3.1 Life Insurance 3.2 Health	AliWays Health Partners Complete HMC VIEW DETAIL		\$841.94	\$2,205.02	health plan.
3.3 GIC Dental (4) Documents	Harvard Pilgrim Independence Plan VIEW DETAIL		\$1,032.93	\$2,527.05	
5 Review and Submit	Harvard Pilgrim Primary Choice Plan VIEW DETAIL		\$744.49	\$1,903.87	
			\$673.71	\$1,629,65	
	VIEW DETAIL Unicare State Indemnity Plan/Basic with	сіс	\$1,235.38	\$2,744.42	
	VIEW DETAIL	Previous	ulate Health Premi	um Save and Next	



My GIC Link	Home Benefits My Profile Resources John S 📳	Note: The effective date will auto- populate with the 1st of the month after
Deferred Retirement "Represents all the required fields. M	ake sure to click on Save And Next to save data.	the applicants' termination date.
 Getting Started Personal Information Plan Selection 3.1 Life Insurance 	Effective Date MM/DD/YYY V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Scroll down to the Dependents section.
3.2 Health 3.3 GIC Dental	Dependents	Applicants can:
(4) Documents(5) Review and Submit	Dependents Under 65 or Dependents 65 and Older Not Eligible for Medicare *Are you enrolling any dependents who are under age 65 or 65 and older and NOT ELIGIBLE for Medicare? Yes No	 Select No to proceed without adding dependents.
	Dependents 65 and Older Eligible for Medicare * Are you enrolling any dependents who are 65 and older and are ELIGIBLE for Medicare? Yes No	 Click the Calculate Health Premium.
Di	Previous Calculate Health Premium Save and Next	Note: If applicants select Yes to dependents' questions, they can add dependents.



"Represents all the required fields. N	e sure to click on Save And Next to save data.	Cancel A	Application Save and Exit	viewed at
Getting Started Personal Information	Plan Selection 3.2 - Health Insurance	P \$	REMIUM TOTAL 795.04 View details	
3 Plan Selection 3.1 Life Insurance 3.2 Health 2.3 CIC Depted	Health Insurance Note: Where you live determines which health ins	urance plans you may enroll in.		Applicants Olic
Documents	CARRIER NAME	INDIVIDUAL	FAMILY	pre
5 Review and Submit	Unicare State Indemnity Plan/PLUS (Individual)	\$808.96*	\$1,932.95	
	Continue Opt Out			
	Continue Opt Out Available Health Insurance Plans Select a GIC Health Plan below. SELECT CARRENNAME	INDIVIDUAL	FAMILY	
	Continue Opt Out Available Health Insurance Plans Select a GIC Health Plan below. SELECT CARRIER NAME AllWays Health Partners Complete H VIEW DETAIL	IND/VDUAL MO \$841.94	FAMILY \$2.205.02	
	Continue Opt Out Available Health Insurance Plans Select a GIC Health Plan below. SELECT CARRIERNAME AllWays Health Partners Complete H VIEW DETAIL Harvard Pilgrim Independence Plan VIEW DETAIL	MO \$841.94 \$1.032.93	\$2,205.02 \$2,527.05	
	Continue Opt Out Available Health Insurance Plans Select a GIC Health Plan below. Select a GIC Health Plan below. AllWays Health Partners Complete H VIEW DETAIL Harvard Pilgrim Independence Plan VIEW DETAIL Harvard Pilgrim Primary Choice Plan VIEW DETAIL	INDIVIDUAL MO \$841.94 \$1.032.93 \$1.032.93 \$2744.49 \$1.032.93	FAMILY \$2,205.02 \$2,527.05 \$1,903.87	
	Continue Opt Out Available Health Insurance Plans Select a GIC Health Plan below. Select a GIC Health Plan below. AllWays Health Partners Complete H VIEW DETAIL Harvard Pilgrim Independence Plan VIEW DETAIL Harvard Pilgrim Primary Choice Plan VIEW DETAIL Tufts Health Plan Navigator VIEW DETAIL	INDIVIDUAL MO \$841.94 \$1.032.93 \$1.032.93 Image: Image	FAMILY \$2,205.02 \$2,527.05 \$1,903.87 \$2,176.62	
	Continue Opt Out Available Health Insurance Plans Select a GIC Health Plan below. Select a GIC Health Plan below. CARRENAME AllWays Health Partners Complete H VIEW DETAIL Harvard Pilgrim Independence Plan VIEW DETAIL Harvard Pilgrim Primary Choice Plan VIEW DETAIL UITIS Health Plan Navigator VIEW DETAIL UITIS Health Plan Spirit VIEW DETAIL UITIS Health Plan Spirit VIEW DETAIL	MOV/DUAL MO \$841.94 \$1.032.93 \$1.032.93 \$1.032.93 \$744.49 \$888.49 \$888.49 \$673.71 \$673.71	FAMILY \$2,205.02 \$2,527.05 \$1,903.87 \$2,176.62 \$1,629.65	

the Calculate Health MIUM TOTAL can be top of the page.

n:

ew details to view the n breakdown.



ferred Retirement presents all the required fields. M	lake sure to click on S	ave And Next to save data.		Cancel Applie	Save and Exit
Getting Started Personal Information Plan Selection 3.1 Life Insurance 3.2 Health 3.3 GIC Dental) Documents	Health Ir Note: When	an Selection - Health Insurance ISURANCE IS you live determines which health insurance plar	ıs you may enroll in.	PREM \$799 Basici Optio Healtl GIC D	UM TOTAL ;04 Hide details ife \$6.35 nal ife \$44.20 n \$744.49 ental \$0.00
Review and Submit	Your Curr	ent Plan			
	Unicare View D	State Indemnity Plan/PLUS (Individual)		\$808.96*	\$1,932.95
	• Would	d you like to continue with GIC Health Insurance ntinue Opt Out	2		
	*Would Co Available Select a GIO	d you like to continue with GIC Health Insurance ntinue Opt Out Health Insurance Plans : Health Plan below.	2		
	• Would Co Available Select a GIC SELECT	d you like to continue with GIC Health Insurance tinue Opt Out Health Insurance Plans : Health Plan below. CARRENAME	2	INDIVIDUAL	FAMILY
	• Would • Co Available Select a GIC SELECT	d you like to continue with GIC Health Insurance tinue Opt Out Health Insurance Plans :Health Plan below. CABRIERNAME AllWays Health Partners Complete HMO <u>VIEW DETAIL</u>	2	INDIVIDUAL \$841.94	FAMILY \$2,205.02
	*Would Co Available Select a Git	d you like to continue with GIC Health Insurance tinue Opt Out Health Insurance Plans :Health Plan below. CABIERNAME AllWays Health Partners Complete HMO VIEW DETAIL Harvard Pilgrim Independence Plan VIEW DETAIL	2	INDIVIDUAL \$841.94 \$1.032.93	FAMILY \$2.205.02 \$2.527.05
	*Would © Co Available Select a Git Select a Git	d you like to continue with GIC Health Insurance tinue Opt Out Health Insurance Plans Health Plan below. CABIERNAME AllWays Health Partners Complete HMO VIEW DETAIL Harvard Pilgrim Independence Plan VIEW DETAIL Harvard Pilgrim Primary Choice Plan VIEW DETAIL	2	INDIVIDUAL \$841.94 \$1.032.93 \$744.49	FAMILY \$2,205.02 \$2,527.05 \$1,903.87

- View the Premium Total with Basic Life, Optional Life, and Health premium breakdowns.
- Scroll down and click Save and Next to proceed.



eferred Retirement represents all the required fields. M	ake sure to click on Save And Next to save data.	Can	cel Application Save and Exit
Getting Started Personal Information Plan Selection	Plan Selection 3.3 - GIC Dental		PREMIUM TOTAL \$1,406.65 View details
3.1 Life Insurance	Your Current Plan		
3.2 Health 3.3 GIC Dental	CARRIER NAME	INDIVIDUAL	FAMILY
Documents	MetLife Classic - Indemnity Plan (Individual) View Detail	\$42.57	\$131.64
	Please choose one of the options below to update Your active employee GIC Dental/Vision plan will to Elect Cobra Dental	minate at the end of the second month folk intal O Opt-out of Cobra / Retiree De	owing your retirement date. ntal 🕐
	Please choose one of the options below to update Your active employee GIC Dental/Vision plan will the Elect Cobra Dental	a result of this coverage. If you receive a bil	wing your retirement date. Intal O
	Please choose one of the options below to update Your active employee GIC Dental/Vision plan will the Elect Cobra Dental	a result of this coverage. If you receive a bil NDIVIDUAL \$28.79	wing your retirement date. Intal Image: set of pay the Image: se

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

Applicants can:

• Click Switch to Retiree Dental.

Note: If applicants elect **COBRA Dental**, they will be enrolled in the COBRA Dental plan.

Note: If applicants select **Opt out**, they will not be enrolled in the COBRA or Retiree Dental Insurance plan. Note: The effective date will autopopulate with the 1st of the month after the applicants' termination date.



My GICLink		Home Benefits My Profile	e Resources John S	Once applicants select Switch to
Deferred Retirement "Represents all the required fields. Make	e sure to click on Save And Next to save data. MetLife Classic - Indemnity Plan	Canc \$42.57	el Application Save and Exi \$131.64	rates will be displayed on the page.
 Personal Information Plan Selection 3.1 Life Insurance 3.2 Health 3.3 GIC Dental Documents 	(Individual) View Detail Please choose one of the options below to update you Your active employee GiC Dental/Vision plan will tern Elect Cobra Dental	IF GIC Dental Insurance:* linate at the end of the second month folio tal O Opt-out of Cobra / Retiree Den	wing your retirement date. tai 💿	Applicants can choose either an Individual or Family plan. • Choose Individual.
S Review and Submit	You may receive a bill for any premiums owed as a premium by the due date. CARRIER NAME Meti Ife GIC Retiree Dental Plan	result of this coverage. If you receive a bill, INDIVIDUAL \$28.79	Please be sure to pay the FAMILY \$69.36	Note: If applicants choose Family , they will have the option to add dependents.
	*What kind of plan would you like to enroll in? Individual	20077	407.00	Click Save and Next to proceed.
			Previous Save and Nex	



Step 4: Documents

Deferred Retirement *Represents all the required fields. Ma	ake sure to click on Save And Next i	o save data.		Cancel Applicat	tion Save and E	
 Getting Started Personal Information Plan Selection Documents 	Documents See the table bel dependent.	ow for documents you must provi	de along with your enrollment	to add a spouse or		Applican documer
5 Review and Submit	DEPENDENT NAME	RELATIONSHIP	PLAN COVERAGE TYPE	ACTION	STATUS	their retir
	Deferred Retireme NAME OF THE DOCUMENT Letter/document from yo	No de nt Documents wur retirement board indicating that	ocuments are required. you are vested and leaving your:	ACTION retirement View/Up	STATUS	system.
	contributions in the syste	m. hts			Uploaded	Applican • Cli
	RELATIONSHIP Dependent under 19	DOCUMENT TYPE Birth Certificate, Adoption, Cour Only)	t order, Guardianship Document	or Hospital Birth annou	ncement (Newborn	
	Dependent 19-26	Birth Certificate, Adoption, Cour	t order. Guardianship Document			

ill be directed to the section.

nust upload a letter or om their retirement board ey are vested and leaving ent contributions in the

nust:

/iew/Upload.



Dependent under 19 Birth Certificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only)

• Click **Upload Files** and upload the required documents.



 MyGICLink Deferred Retirement Represents all the required fr Getting Started Personal Information Plan Selection Documents Review and Submit 	Home Benefits My Profile Resources John S Image: Comparison of the provide o	 Once the file is uploaded, click Done.
	1 of 1 fle uploaded	



My GICLink	Success File(s) uploaded succe	ssfully: Letter - V	ested and Leaving.	docx × Ay Profile	Resources John S	Upon uploading the file, a success message will display on the page.
 Getting Started Personal Information Plan Selection Documents Review and Submit 	Upload Documents Variant Stream You can upload one or multiple documents Image: Comparison of the provided one of	type WORD_X	DOCUMENT	ACTION	STATUS	 Applicants must: Click Close to close the pop-up window.
	Dependent under 19 Birth Cert Only Descades 10.04 Disk Cast	ifforte, Adoption, Co	urt order, Guardianship	Close	Uploaded thannouncement (Newborn Previous Save and Next	



ing Started onal Information Selection we and Submit We defined entities we and Submit We defined entities We defined entits We defined entities W	ed Retirement ents all the required fields. Ma	ake sure to click on Save And Next	o save data.		Cancel Appli	Save and Exit	Note	e: If applicar	nts add new
wand Submit Click Here for Required Depedents Documents Information Corrections are required. Deferred Retirement Documents No. documents are required. Deferred Retirement Documents Letter/document from your retirement band Indicating that you are vested and leaving your retirement Contributions in the system. Document requirements RELATIONSUPP COCUMENT TYPE Dependent under 19 Birth Certificate, Adoption, Court order, Guardianship Document, or Hospital Birth announcement (Newborn Only) Save and Next	Cetting Started Personal Information Personal Information Plan Selection Personal Pe		ow for documents you must provi	vide along with your enrollme	ent to add a spouse or		dep doc	endents, the umentation	ey must provic for each depe
DEFENDENT NAME RELATION SHIP ACTION STATUS No documents are required. Deferred Retirement Documents NAME OF THE DOCUMENT ACTION STATUS Letter/document from your retirement board indicating that you are vested and leaving your retirement View/Upload Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Status Document requirements View/Upload Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Status Dependent under 19 Documents Image: Colspan="2">Colspan="2">Status Dependent under 19 Dirth Certificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Save and Next	v and Submit	Click Here for Required D	epedents Documents Information	on					
No documents are required. Deferred Retirement Documents NAME OF THE DOCUMENT ACTION Letter/document from your retirement board indicating that you are vested and leaving your retirement View/Upload Contributions in the system. View/Upload Document requirements View/Upload Document requirements View/Upload Pependent under 19 Birth Certificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Image: Defendent under 19 Birth Dectrificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Image: Defendent under 19 Birth Dectrificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Image: Defendent under 19 Birth Dectrificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Image: Defendent under 19 Birth Dectrificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Image: Defendent under 19 Birth Dectrificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Image: Defendent under 19 Birth Dectrificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only)		DEPENDENT NAME	RELATIONSHIP	COVERAGE TYPE	ACTION	STATUS			
RELATIONSHIP DOCUMENT TYPE Dependent under 19 Birth Certificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Previous Save and Next		NAME OF THE DOCUMENT	nt Documents			ACTION STATUS			
Dependent under 19 Birth Certificate, Adoption, Court order, Guardianship Document,or Hospital Birth announcement (Newborn Only) Previous Save and Next		Deterred Retirement	nt Documents	t you are vested and leaving yo	ur retirement	ACTION STATUS View/Upload			
Previous Save and Next		Deterred Retirement	nt Documents we retirement board indicating that m. hts DOCUMENT TYPE	t you are vested and leaving yo	ur retirement	ACTION STATUS View/Upload			
		Deferred Retirement	Int Documents Internet board indicating that Internet DOCUMENT TYPE Birth Certificate, Adoption, Cour Only)	t you are vested and leaving yo urt order, Guardianship Docume	ur retirement ent,or Hospital Birth ann	ACTION STATUS View/Upload			
		Deferred Retiremen	Int Documents Internet board indicating that Internet Document Type Birth Certificate, Adoption, Cour Only	t you are vested and leaving yo ut order, Guardianship Docume	ur retirement ent.or Hospital Birth ann Previ	ACTION STATUS View/Upload C			
		Deferred Retirement	Int Documents Prevent board indicating that prevent board in	t you are vested and leaving yo	ur retirement ent.or Hospital Birth ann Previ	ACTION STATUS View/Upload C			



Step 5: Review and Submit

My GIC Link	Home Benefits My	Profile Resources John S	Applicants will be directed to the Review and Submit section and must
 Represents all the required fields. Make sure Getting Started Personal Information Dian Selection Documents Review and Submit 	re to click on Save And Next to save data. 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. Personal Information Enrollee Information Full Name Date of Birth Gender John M Sample 1/1/1965 Male Base Salary Reference ID 574,256.00 S74,256.00 LA2B3C4D Contact Information Maling Address Youted States Bample Mobile Phone Email 123-456-7890 Sample1@example.com Life Insurance Life Insurance	Social Security Number XXXXXV-1234	• Review all the selections. Note: Applicants must click the arrow available on the accordion to expand and review each section of the application.



My GICLink	Home Benefits My Profile Resources John S 😩	Applicants must:
Deferred Retirement "Represents all the required fields. Ma	ake sure to click on Save And Next to save data. Cancel Application Save and Exit	box.
Getting Started	Life Insurance >	 Enter the applicant's full name,
Personal Information	Health Insurance >	as it appears on the screen, and
Documents	GIC Dental >	Click Submit.
3 Review and Submit	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 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 searces. * Clerify that I have read and acknowledge the above attestation Full Name John M Sample * Enter Your Full Name John M Sample	
u.	Previous	



My GICLink Home Benefits My Profile Resources John S	A confirmation pop-up will appear on the page.
Deferred Retirement Cancel Application Save and Exit [•] Cetting Started [•] Personal Information [•] Health Insurance [•] Means Selection [•] Cetting Started [•] Cetting Started [•] Cetting Started [•] Personal Information [•] Health Insurance [•] Cetting Started [•] Documents [•] Cli C Dental [•] Cetting Started [•] Seview and Submit [•]	the page. Applicants must: • Click Yes .



My GICLink Deferred Retirement 'Represents all the required fields. Make s	Home Benefits My Profile Resources ure to click on Save And Next to save data.	John S 📳	A success message will appear on the page notifying the applicant that the Deferred Retirement Enrollment
 Getting Started Personal Information Plan Selection Documents Review and Submit 	Review and Submit Premium Total View details Image: Success! Your Deferred Retirement Enrollment has been successfully submitted. Please keep the case number for your reference - 00125838 Personal Information Personal Information Enrollee Information Social Security John M Sample 1/1/1965 Male Social Security John M Sample 1/1/1965 Male XXX-XX-1234 Base Salary Reference ID S74,256.00 1A2B3C4D Contact Information Malling Address 2.Portal Way Boston MA 022115 United States Mobile Phone Email	\$823.83 Print V Number Previous	Application has been successfully submitted. Note: Applicants must keep this case number for their reference.

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