

New Hire Enrollment Application User Guide (For Municipal Employees)





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Introduction

This GIC New Hire Enrollment Application for Municipal Employees user guide is intended to assist newly hired employees with step-by-step instructions for starting a New Hire Enrollment application.

New Hire Enrollment Application Steps

Register for MvGlCLink Member Portal and Enroll in GIC Benefits Today!	Newly hired employees will receive a
External > Inbox x	
My GIC Link mygiclinkcustomerservice@mass.gov: 🖈 🔶 🗄	registration email for the MyGiCLINK
tome + HI JOHN SAMPLE,	member benefits portal.
As a new employee you have 21 days from your date of hire to enroll in GIC Benefits. Please log in to myGICLink Self Service Member Portal today to view GIC's benefit guides, utilize the plan comparison tool to see an overview of health plan co-paya/deductibles and complete your application to enroll.	
Portal Link: https://myglclink-gagovplus.sandbox.my.site.com/customerportal/s/login/SelfRegister	Employees must:
Email to register : <u>sample@example.com</u>	• Click the Portal Link in the email
Your Pin Number is 0012173 Important! If you decide not to enroll in GIC Benefits within 21 days of your hire date you will be eligible to enroll in the future as described below:	to complete the registration
Thank you, Group Insurance Commission	process.
	Note : For instructions on completing
	registration, refer to the <u>Registration and</u>
	Login Video or the Registration and
	Login User Guide.



Welcome to your Benefits Da JOHN SAMPLE	nshboard 	MY NOTIFICATIONS	Hire Enrollment for GIC benefits.	
ENROLLMENT STATUS	SNROLL TODAY View your benefit options and enroll today			
Application(s) You do not have any applications in	progress at this time.			
 Benefits Quicklinks				
New Hire Information GIC benefit, effective date and enrollment deadline information for newly hired employees	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 Devudeer, alan information and	GIC Benefit Guides Resource to help you make an informed decision about your GIC	

Notes:

- Newly hired employees have 21 days from their hire date to select their GIC benefits and submit their application.
- If the applicant does not receive the registration email within 10 days of their hire date, they must notify their GIC Coordinator at their workplace so that enrollment forms can be provided to the applicant via GIC Online Forms at <u>bit.ly/giconlineforms</u>.
- The due date for submitting their application will be reflected in the MY NOTIFICATIONS section.



My GIC Link	Home Benefits My Profile Resources JOHN S	To begin the application, applicants must:
Welcome to your Benefits Dashboard JOHN SAMPLE ENROLLMENT STATUS Not Enrolled Wey our benefit options and erroll today My Application(s) You do not have any applications in progress at this time.	MY NOTIFICATIONS • You have until MMDD0YYYY to submit your New Hire Enrollment for GIC benefits.	 Click Go on the Home page. (or) Click the New Hire Information tile from the Benefits Quicklinks section.
Benefits Quicklinks New Hire Information Gic benefit, effective date and enrollment dealine information for newly hired employees Qualifying Events Learn more about enrolling in or changing GiC benefit due to a ch	Health Plan/Carrier GIC Benefit Guides Directory Resource to help you make an informed decision about your GIC Review the full list of GIC Plan Informed decision about your GIC Developer also information and Informed for the second decision about your GIC	



Annual Enrollment Period Complete your New Hire Enrollment to	New Hire Information As a new employee you have 21 days from your date of hire to enroll in GIC		Review the information on the
Welcome to your Benefits Dat JOHN SAMPLE EMBOLLMENT STATUS Not Enrolled	Benefits. You are eligible to enroll in the following benefits: Health Insurance Your effective date for the GIC benefits that you elect to enroll in as a new employee will be the first of the month following your date of hire. If you were hired on the first day of the month, the benefits that you elect to enroll in will begin that day. Important! Your GIC benefits effective date as a new hire cannot be changed. You will be responsible for premiums for the benefits you elect to enroll in from your effective date of coverage. Contact your municipality's benefits office for more information. Applications and supporting document(s) received after the enrollment deadline will be denied. If you decide not to enroll in GIC Benefits within 21 days of your hire date you will be eligible to enroll in the future as described below:	ot message. Click here to opt-in. a Enrollment for GIC benefits.	window and click START NOW
Benefits Quicklinks	Health Insurance - You may apply during the GIC's Annual Enrollment which occurs		
New Hire Information GIC benefit, effective date and enrollment deadline information for newly hired employees	qualifying event. CANCEL START NOW Providers, plan information and contact details.	GIC Benefit Guides Resource to help you make an Informed decision about your GIC benefits.	



Getting Started Personal Information Plan Selection Documents Review and Submit Health Health	hour workweek t such a our GIC benefit
 Plan Selection Documents Review and Submit Health Health	hour workweek t such a our GIC benefit
eview and Submit Health You want and the second sec	
Health	
fou can enroll one of the health plans offered by the GrC. To enroll eligible dependents in GrC health insurance, you mus	t provide a copy
of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divo certificate of appointment as legal guardian, etc., for each person you include as a dependent with your enrollment. If yo required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for	ce decree, u do not provide ir each
dependent enrolling in your nealth plan. For a newborn only, the social security number can be provided later.	
*Would you like to enroll in GIC Benefits? Selecting No and submitting the application will decline GIC benefits. Yes No	
Chat	Next

Applicants will be directed to the **New Hire Enrollment** application.

Applicants must complete all the 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 Applicants must: My GICLink JOHN S 🔦 Home Benefits My Profile Resources Review the information in the New Hire Enrollment *Represents all the required fields. Make sure to click on Save And Next to save data. Getting Started section. 1 Getting Started **Getting Started** Select Yes to the question, Would • (2) Personal Information you like to enroll in GIC Benefits? Benefit eligible employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek 3 Plan Selection and must contribute to your Employer's public sector retirement system. For GIC purposes, OBRA is not such a retirement system. Enrollment must be submitted within 21 days of your hire date. For an overview of your GIC benefit (4) Documents options, see your GIC Benefit Decision Guide. Click Next to proceed. • 5 Review and Submit Health You can enroll one of the health plans offered by the GIC. To enroll eligible dependents in GIC health insurance, you must provide a copy Note: Click the GIC Benefit Decision 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 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. Guide hyperlink to view additional content and learn more about it. *Would you like to enroll in GIC Benefits? Selecting No and submitting the application will decline GIC benefits. Yes No 😑 Chat



Step 2: Personal Information

New Hire Enrollment			Cancel Application Save and	Personal
 Represents all the required fields. M Getting Started Personal Information Plan Selection Documents Review and Submit 	ake sure to click on Save And Next to save data. Personal Information Please review the following inform Please review	nation for accuracy.	GENDER Male	• Rev per If the infor applicant • Selv info aco • Clio

will be directed to the

formation section and must:

ew and confirm their onal information.

nation is accurate,

must:

ct **Yes** to the question **Is the**

mation listed above urate?

Save and Next to proceed.



Step 3: Plan Selection

3.1: Health



Applicants will be directed to the **Health** section under the **Plan Selection**.

Applicants will be prompted to review and select a health insurance plan.

Applicants must:

- Click **View Detail** to review the plan details.
- To enroll, check the box next to a health plan.



New Hire Enrollment Represents all the required fields. N	Make sure to click on S	ave And Next to save data.			Cancel A	pplication	Save and Ex	
Getting Started		Wellpoint Plus VIEW DETAIL						hi
Personal Information		Wellpoint Total Choice						
 Plan Selection 3.1 Health 		Opt out of Health Insurance						Af
4 Documents	Effective D	ate						
5 Review and Submit	MM/DD/	YYYY						
	What kind Individ	d of plan would you like to enroll in ual Family Ian Dependents or required documents informatio	n?					
	Health P Click here: Please add	d of plan would you like to enroll in all Family lan Dependents O for required documents information all of the dependents that you would all of the dependent the de	n Id like to be enrolled in yo	ur family plan.				
	Health P Clickhere Please add	d of plan would you like to enroll in Family Ian Dependents For required documents information all of the dependents that you would DATE OF BIRTH Dependent	1? Id like to be enrolled in ya GENDER	ur family plan.	RELATIONSHIP	ACTION	_	
	What kin Individ Health P Clickhere Please add	d of plan would you like to enroll in Family lan Dependents for required documents informatio all of the dependents that you would DATE OF BIRTH Dependent	I? Id like to be enrolled in yo GENDER	ur family plan.	RELATIONSHIP	ACTION		
	What kin Individ Health P Clickhere Please add	d of plan would you like to enroll in Family lan Dependents for required documents informatio all of the dependents that you would DATE OF BIRTH Dependent	I? Id like to be enrolled in yo GENDER	ur family plan.	RELATIONSHIP	ACTION	Save and Net	
	What kin Individ Health P Click here Please add NAME + Add al	d of plan would you like to enroll in Earnity Ian Dependents For required documents information all of the dependents that you would DATE OF BIRTH Dependent	I? Id like to be enrolled in yo GENDER	ur family plan.	RELATIONSHIP	ACTION	Save and Nex	

Note: The Effective Date for the health insurance plan will be auto-calculated and filled in based on the applicant's hire date.

After selecting a health insurance plan, applicants will be prompted to select a plan type.

Applicants must:

 Select the kind of plan they would like to enroll in: Individual or Family.

Applicants who select Family must scroll down to the **Health Plan Dependents** section and:

• Click Add a Dependent.



My GICLink		Home Benefits My Profil	e Resources JOHNS	Applicants must: • Enter their dependent's
 Represents all the required fa Getting Started Personal Information Plan Selection 3.1 Health Occuments Review and Submit 	Add a Dependent Required fields are indicated with*	MIDDLE INITIAL * Gender Female * Relationship Spouse Cancel	Actron	information and click Add .
Chat			Previous Save and Next	



My GIC Link			Home Benefit	s My Profile F	tesources JOHN S	Applicants will return to the Health
New Hire Enrollment *Represents all the required fields. Ma	ake sure to click on Save And Next to save	data.		Cancel A	pplication Save and Exit	section.
 Getting Started Personal Information Plan Selection 3.1 Health Documents Review and Submit 	Wellpoint Plus VIEVOETAIL Wellpoint Total Che VIEVVDETAIL Opt out of Health In Effective Date MM/DD/YYY What kind of plan would you li Individual Family Health Plan Dependents Click here for resulted documen Please add all of the dependents	ice surance te to enroll in? ts information hat you would like to be er	rolled in your family pl	an.		 Applicants must: Review their dependent's details. Click Save and Next to proceed.
	JANE SAMPLE + Add a Dependent	1/1/1991	Female	Spouse	View Edit Remove	
				Pr	evious Save and Next	



Step 4: Documents

						—i			
My GICLink			Home Benefits	My Profile Resource	es JOHN S	,	Applicants	will be directed to	o the
v Hire Enrollment	e sure to click on Save And Next to	save data.		Cancel Application	on Save and Exit		Document	s section.	
Setting Started Personal Information Plan Selection Documents	Documents See the table below dependent. Dependents Click here for Required Doc	v for documents you mi	ust provide along with your enrollmen	t to add a spouse or			Applicants • Clicl requ	must: k View/Upload to uired documents t	uploac o enro
Review and Submit	DEPENDENT NAME	RELATIONSHIP	PLAN COVERAGE TYPE Harvard Pilgrim Explorer Health	ACTION View/Upload	STATUS		dep	endents.	
	Document requirement	S DOCUMENT TYPE							
	Dependent under 19	Birth Certificate, Add Only)	option, Court order, Guardianship Docur	ment, or Hospital Birth anno	uncement (Newborn				
	Dependent 19-26	Birth Certificate, Add	option, Court order, Guardianship Docur	ment					
	Handicapped Dependent	Birth Certificate, Add	pption, Court Order, or Guardianship Docu option, Court Order, or Guardianship Docu cl and a completed application may be m	ocument must be uploaded. J nailed separately to the GIC.	Disabled Dependent				
	Spouse	Marriage Certificate							
				Previous	Save and Next				



MyGICLink New Hire Enrollment "Represents all the required fiel	Home Benefits My Profile Resources JOHNS and the sure to click on Save And Next to save data.	 Applicants must: Click Upload Files to upload the required document(s).
 Getting Started Personal Information Plan Selection Documents Review and Submit 	Documents View/Upload Upload Documents You can upload one or multiple documents It Upload Files Or drop files All Documents Mailable documents for the dependent JANE DOCUMENT NAME Vote output of the dependent.	
at	Full-Time Student Birth Certificate, Adoption, Court order, Guardianship Document Handicapped Dependent Birth Certificate, Adoption, Court Order, or Guardianship Document must be uploaded. Disabled Dependent Exclusion for constituted and a constituted angle alizes may be mailed constrained to the CIC Previous	



*Represents all the required field	s. Make sure to click on Save And Next to save data.	
Getting Started	Documents View/Upload	
 Personal Information Plan Selection 	Upload Documents You can upload one or multiple documents X	Δ
Review and Submit	Upload Files	
	No documents found for the dependent.	
	Cancel	

After the file is uploaded successfully, the Upload Files pop-up window will display a green checkmark.

Applicants must:

 Click **Done** and close the pop-up window to return to the Documents section.



My GICLink New Hire Enrollment *Represents all the required fields. Make s	rure to click on Save And Next to	save data.	Home Benefits	My Profile Resource	s JOHN S	Upon a successful upload, the Status will display a green checkmark.
 Getting Started Personal Information Plan Selection Documents 	Documents See the table belor dependent. Dependents O Click here for Required Doc	w for documents you mus	t provide along with your enrollmen	t to add a spouse or		 Applicants must: Click Save and Next to proceed to the final section.
5 Review and Submit	DEPENDENT NAME	RELATIONSHIP	PLAN COVERAGE TYPE		STATUS	
	JANE SAMPLE	Spouse	Harvard Pilgrim Explorer Health	View/Upload	⊘ ◄──	
	Document requirement	s				
	RELATIONSHIP Dependent under 19	DOCUMENT TYPE Birth Certificate, Adoptic Only)	on, Court order, Guardianship Docume	nt, or Hospital Birth announc		
	Dependent 19-26	Birth Certificate, Adopti	on, Court order, Guardianship Docume	nt		
	Full-Time Student	Birth Certificate, Adoptie	on, Court order, Guardianship Docume	nt		
	Handicapped Dependent	Birth Certificate, Adopti	on, Court Order, or Guardianship Docu	ment must be uploaded. Disa	bled Dependent	
nat				Previous	Save and Next	



Step 5: Review and Submit

New Hire Enrollment *Represents all the required fields. Mak	e sure to click on Save And Next to save data.		Cancel Application	on Save and Exit	Review all their selections.
Getting Started Personal Information	Personal Information			~	Note: Applicants must click the Upd
Plan Selection Documents	Full Name JOHN SAMPLE Social Security Number	Date of Birth 1/1/1990 Reference ID	Gender Male		Personal Information button to edit information in this section.
-	Contact Information Home Address 2 PORTAL WAY BOSTON MA 02115 USA Mobile Phone 123-456-7890	Mailing Address 2 PORTAL WAY BOSTON MA 02115 USA Email sample@example.com			
	Employer Information Agency Name MUNICIPAL AGENCY	Agency Address 1 GIC STREET BOSTON MA 02115 Update Personal Information			



My GICLink		Home	Benefits My Profile R	esources JOHN :	s 🔹	Applicants must: • Click the arrow available on the
 New Hire Enrollment Represents all the required fields. Make su Getting Started Personal Information Plan Selection Documents Review and Submit 	Health Insurance Plan Note: Please contact your Munic PLAN NAME Harvard Pilgrim Explorer (Fam View Detail Health Insurance Dependen	pality for your monthly premium	Cancel A	splication Save a	and Exit	 Click the drive dvaluable on the accordion to expand and review their plan selections in each section of the application. Note: Each section will have an update button for editing information within that specific section.
	NAME	RELATIONSHIP	DATE OF BIRTH	SSN		
	JANE SAMPLE	Spouse	1/1/1991	-		
		Update Health	nsurance			
hat				Previous	Submit	



New Hire Enrollment "Represents all the required fields. Make	Home Benefits My Profile Resources JOHNS	Review attestations and check the attestation check boxes .
 Getting Started Personal Information Plan Selection Documents Review and Submit 	<form><text><text><text><text></text></text></text></text></form>	 Enter their full name exactly as it appears on the screen. Click Submit. Note: Applicants must affirm two attestations when enrolling in a health plan.



WyGICLink New Hire Enrollment Represents all the required fields. Make	Home Benefits My Profile Resources JOHNS	A confirmation pop-up window will appear on the page.
 Cetting Started Personal Information Plan Selection Documents Review and Submit 	Attestation Sectify that I checked my health plan's online provider directory and my doctors, hospitals and only my endical providers are within the my my order is no longer available, my health insurance carrier will help me find a new one. I unit with any doctor or hospital leaving the year and if my provider is no longer available, my health insurance carrier will help me find a new one. I unit with any doctor or hospital leaving the year and if my provider is no longer available, my health insurance carrier will help me find a new one. I unit with any doctor or hospital leaving the year application once it has been submitted. Me you sure you want to submit the application? You will not be able to update your application once it has been submitted. arity, to deduct from my payroll or utations, health insurance coverage during the list. Get head for a doependent, and theath insurance enrollments and annee Commission; failure to notify a new coverage during the list. Full Name Date JOHN SAMPLE bate	Applicants must: • Click Yes .
nat	Previous	



*Represents all the required fields. Ma	ke sure to click on Save And Next to save data.				Nev
Getting Started	Review and Submit				bee
 Plan Selection Documents 	Success! Your New Hire Enrollment Ap Please keep the case number	pplication has been successfully submitted. for your reference - 00130493		Print	Note
5 Review and Submit	Personal Information			~	unis
	Enrollee Information Full Name JOHN SAMPLE Social Security Number XXX-XX-1234 Contact Information Home Address 2 PORTAL WAY BOSTON MA 02115 USA	Date of Birth 1/1/1990 Reference ID 1A2B3C4D Mailing Address 2 PORTAL WAY BOSTON MA 02115 USA	Gender Male		
	PIODICFILINE	Linan		Previous	

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

Note: Applicants are advised to keep this case number for their reference.



My GIC Link	Home Benefits My Profile Resources JOHN S	Note : Applicants can check the status of their application from the Home page
Welcome to your Benefits Dashboard JOHN SAMPLE ENROLLMENT STATUS Not Enrolled	MY NOTIFICATIONS Stay informed! Receive GIC communications by text message. Click here to opt-in. Your New Hire Enrollment Application has been successfully submitted	at any time.
NEW HIRE ENROLLMENT STATUS Dependent(s) Under Review Print This Application		

Disclaimer: Plan selections are subject to change each plan year.