



New Hire Enrollment Application User Guide

(For State Employees)





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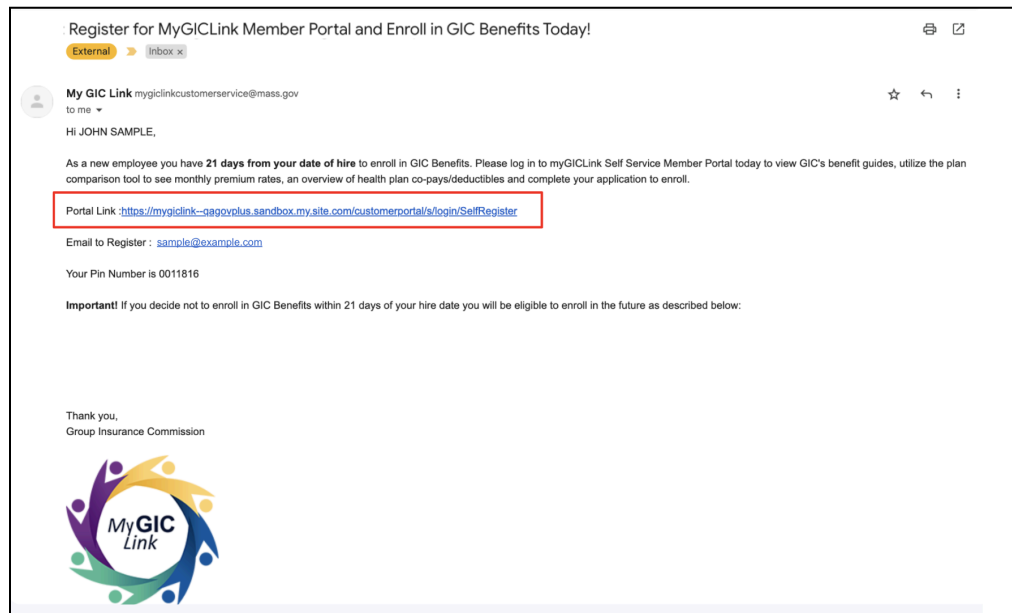
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Introduction

This GIC New Hire Enrollment Application for State 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





Newly hired employees will receive a registration email for the MyGICLink member benefits portal.

Employees must:

- Click the **Portal Link** in the email to complete the registration process.

Note: For instructions on completing registration, refer to the [Registration and Login Video](#) or the [Registration and Login User Guide](#).


**MyGICLink**

[Home](#)[Benefits](#)[My Profile](#)[Resources](#)[JOHN S](#)

Welcome to your Benefits Dashboard

JOHN SAMPLE

ENROLLMENT STATUS

 Not Enrolled

ENROLL TODAY

View your benefit options and enroll today

Go

MY NOTIFICATIONS

- You have until MM/DD/YYYY to submit your New Hire Enrollment for GIC benefits.

My 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 Providers, plan information and contact details.

GIC Benefit Guides

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

Support Requests

Send your question to the GIC.

View and Pay Bill

View and pay your GIC premium invoice.

Plan Comparison Tool

GIC health plan benefits at a glance.

Flexible Spending Accounts

How to enroll in FSA

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 an 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 Print Forms at mass.gov/info-details/gic-printforms.
- The due date for submitting their application will be reflected in the **MY NOTIFICATIONS** section.



[Home](#) [Benefits](#) [My Profile](#) [Resources](#) [JOHN S](#)

Welcome to your Benefits Dashboard

JOHN SAMPLE

ENROLLMENT STATUS

Not Enrolled

ENROLL TODAY

View your benefit options and enroll today

Go

MY NOTIFICATIONS

- You have until MM/DD/YYYY to submit your New Hire Enrollment for GIC benefits.

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Benefits Quicklinks

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

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GIC Benefit Guides

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

>

Support Requests

Send your question to the GIC.

>

View and Pay Bill

View and pay your GIC premium invoice.

>

Plan Comparison Tool

GIC health plan benefits at a glance.

>

Flexible Spending Accounts

How to enroll in FSA

>

To begin the application, applicants must:

- Click **Go** on the Home page. (or)
- Click the **New Hire Information** tile from the Benefits Quicklinks section.



MyGICLink

Welcome to your Benefits Dashboard
JOHN SAMPLE

ENROLLMENT STATUS
Not Enrolled

My Application(s)
You do not have any applications in progress.

Benefits Quicklinks

- New Hire Information**
GIC benefit, effective date and enrollment deadline information for newly hired employees
- Support Requests**
Send your question to the GIC.
- View and Pay Bill**
View and pay your GIC premium invoice.
- Plan Comparison Tool**
GIC health plan benefits at a glance.
- Flexible Spending Accounts**
How to enroll in FSA

New Hire Information

As a new employee you have **21 days from your date of hire** to enroll in GIC Benefits. You are eligible to enroll in the following benefits:

- Basic Life (\$5,000)
- Health Insurance
- Optional Life up to 8x your salary
- Long Term Disability
- Dental/Vision, if eligible
- Flexible Spending Account (separate application available online at massfsatasc.com)

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 until payroll deductions can be initiated. Please do not disregard GIC premium billing invoices. Failure to pay will result in termination of GIC benefits.


Applications and supporting document(s) received after the enrollment deadline will be denied.


[CANCEL](#) [START NOW](#)

Applicants must:

- Review the information on the **New Hire Information** pop-up window and click **START NOW**.





HomeBenefitsMy ProfileResourcesJOHN S

New Hire Enrollment

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


1Getting Started


2Personal Information

3Plan Selection

4Documents

5Review and Submit

Getting Started



Benefit eligible employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek 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 options, see your [GIC Benefit Decision Guide](#).

Basic Life

You can enroll in Basic Life Insurance in the amount of \$5,000 and designate your life insurance beneficiaries. You must enroll in Basic Life to be eligible for Health and Optional Life insurance benefits.

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 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.

Dental/Vision Plan

You can enroll in the GIC Dental/Vision plan. To enroll eligible dependents in GIC dental/vision insurance, 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 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/vision plan. For a newborn only, the Social Security Number can be provided later.

Flexible Spending Accounts

New employees who wish to participate in Health Care Spending (HCSA) or the Dependent Care Assistance Program (DCAP) must use the online enrollment process located on TASC's website, [massfsatasc.com](#). Enrollment e-forms must be completed within

 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

Note: Click the **GIC Benefit Decision Guide** hyperlink to view additional content and learn more about it.



Step 1: Getting Started

Home Benefits My Profile Resources JOHN S 

New Hire Enrollment

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

1 Getting Started

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5 Review and Submit

copy or 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.

Optional Life

You can enroll in a fixed amount of Optional Life Insurance up to 1x your base salary or a multiple of 2x - 8x your base salary without the need for any medical review. If you select an amount of Optional Life Insurance that is a multiple of your base salary of two to eight times your Optional Life Insurance coverage amount will increase as your base salary increases.

Long Term Disability

You can enroll in the GIC's Long Term Disability Plan without the need for any medical review.

For a newborn only, the Social Security Number can be provided later.

Flexible Spending Accounts

New employees who wish to participate in Health Care Spending (HCSA) or the Dependent Care Assistance Program (DCAP) must use [the online enrollment process](#) located on TASC's website, [massfsatasc.com](#). Enrollment e-forms must be completed within 21 calendar days from your date of hire.

If you choose not to enroll as a new employee, you will be eligible to enroll in the HCSA and/or DCAP plans for the upcoming Plan Year during Annual Enrollment, unless you have a qualifying "life event change" (visit the TASC website for more details, [massfsatasc.com](#)). Enrollment for the HCSA or DCAP takes place before the beginning of each plan year. To join or re-enroll in the plan during the Annual Enrollment period you must complete the [HCSA/DCAP Enrollment e-Form](#), which is available at [massfsatasc.com](#). You must re-enroll each year during Annual Enrollment to continue benefits. If you have any questions, contact TASC at 1-800-745-9202.

* Would you like to enroll in GIC Benefits?
Selecting No and submitting the application will decline GIC benefits.

☒ Yes ☐ No

Chat

Next

Applicants must:

- Review the information in the **Getting Started** section.
- Select **Yes** to the question, **Would you like to enroll in GIC Benefits?**
- Click **Next** to proceed.

Note: Click any hyperlink to view additional content and learn more about it.



Step 2: Personal Information

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HomeBenefitsMy ProfileResourcesJOHN S

New Hire Enrollment

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

Cancel ApplicationSave 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	DATE OF BIRTH	GENDER
JOHN SAMPLE	1/1/1990	Male
SOCIAL SECURITY NUMBER	BASE SALARY	REFERENCE ID
XXX-XX-1234	\$60,000.00	1A2B3C4D

Contact Information

HOME ADDRESS	MAILING ADDRESS
2 PORTAL WAY BOSTON MA 02115 USA	2 PORTAL WAY BOSTON MA 02115 USA
MOBILE PHONE	EMAIL
123-456-7890	sample@example.com

Employer Information

AGENCY NAME	AGENCY ADDRESS
Online Agency	1 GIC STREET BOSTON MA 02115

Is the information listed above accurate?

☒ Yes ☐ No

Previous

Save and Next

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

- Review and confirm their personal information.

If the information is accurate, applicants must:

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



Step 3: Plan Selection

3.1: Life Insurance

The screenshot shows the 'Plan Selection' page for Life Insurance. The page has a header with the MyGICLink logo and navigation links: Home, Benefits, My Profile, Resources, and JOHN S. Below the header is a 'New Hire Enrollment' section with a note: '*Represents all the required fields. Make sure to click on Save And Next to save data.' and buttons for 'Cancel Application' and 'Save and Exit'. On the left is a sidebar with a progress indicator showing five steps: 1. Getting Started, 2. Personal Information, 3. Plan Selection (current), 4. Documents, and 5. Review and Submit. Under 'Plan Selection', there are sub-steps: 3.1 Life Insurance, 3.2 Health, 3.3 Dental/Vision, and 3.4 Long Term Disability. The main content area is titled 'Plan Selection' and '3.1 - Life Insurance'. It shows a 'PREMIUM TOTAL' of '\$0.00' with a 'View details' link. Below this is a section for 'Basic Life Insurance' with a table of options. The first option is 'MetLife Basic Life' with a 'VIEW DETAIL' link highlighted by a red box. The second option is 'Opt out of Basic Life Insurance' with a note: 'Please Note: Basic Life Insurance is required for Health and Optional Life Insurance enrollment.' At the bottom of the page are 'Previous' and 'Save and Next' buttons, and a 'Chat' button in the bottom left corner.

MyGICLink

Home Benefits My Profile Resources JOHN S

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

Cancel Application Save and Exit

Getting Started
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3.2 Health
3.3 Dental/Vision
3.4 Long Term Disability
4 Documents
5 Review and Submit

Plan Selection
3.1 - Life Insurance

PREMIUM TOTAL
\$0.00 View details

Basic Life Insurance

SELECT	CARRIER NAME	COVERAGE AMOUNT	MONTHLY PREMIUMS
<input type="radio"/>	MetLife Basic Life VIEW DETAIL	\$5,000.00	\$1.59
<input type="radio"/>	Opt out of Basic Life Insurance Please Note: Basic Life Insurance is required for Health and Optional Life Insurance enrollment.		

Chat Previous Save and Next

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

Applicants will be prompted to review and select a basic life insurance.

Note: Applicants who opt out of basic life insurance will not be eligible to enroll in the optional life and a health plan.

Applicants must:

- Click **View Detail** to review the plan details.



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New Hire 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 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4 Documents

5 Review and Submit

Plan Selection

3.1 - Life Insurance

PREMIUM TOTAL

\$0.00

[View details](#)

Basic Life Insurance

SELECT	CARRIER NAME	COVERAGE AMOUNT	MONTHLY PREMIUMS
<input type="radio"/>	<div>MetLife Basic Life</div> <div>HIDE DETAIL</div>		

 \$5,000.00 | \$1.59 |

About

About the plan:

Eligible GIC members may enroll in the \$5,000 Basic Life/AD&D plan. You may choose up to eight times your annual salary in optional life coverage. Late enrollees will be asked to provide evidence of insurability before coverage can take effect.

Plan Resources

[More Details](#)

☐

Opt out of Basic Life Insurance

Please Note: Basic Life Insurance is required for Health and Optional Life Insurance enrollment.

Chat

Previous

Save and Next

Applicants must:

- Click **About** for an overview of the basic life insurance plan.
- Click **More Details** to be redirected to the life insurance plan's website.
- Click **Hide Detail** to collapse basic plan details.

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JOHN S

New Hire 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 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Documents

Review and Submit

Plan Selection

3.1 - Life Insurance

PREMIUM TOTAL

\$1.59

[View details](#)

Basic Life Insurance

Note: For additional coverage you can also add an Optional Life Plan.

SELECT	CARRIER NAME	COVERAGE AMOUNT	MONTHLY PREMIUMS
<input checked="" type="checkbox"/>	MetLife Basic Life VIEW DETAIL	\$5,000.00	\$1.59
<input type="checkbox"/>	<div>Opt out of Basic Life Insurance</div> <div>Please Note: Basic Life Insurance is required for Health and Optional Life Insurance enrollment.</div>		

Effective Date

MM/DD/YYYY

Optional Life Insurance

* Would you like to add Optional Life Insurance?

☐ Yes ☐ No

Chat

Previous

Save and Next

- To enroll, check the box next to a basic life insurance plan.

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

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New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Documents

Review and Submit

Plan Selection

3.1 - Life Insurance

PREMIUM TOTAL

\$1.59

View details

Basic Life Insurance

Note: For additional coverage you can also add an Optional Life Plan.

SELECT	CARRIER NAME	COVERAGE AMOUNT	MONTHLY PREMIUMS
<input checked="" type="checkbox"/>	MetLife Basic Life VIEW DETAIL	\$5,000.00	\$1.59
<input type="checkbox"/>	<div><div>Opt out of Basic Life Insurance</div><div>Please Note: Basic Life Insurance is required for Health and Optional Life Insurance enrollment.</div></div>		

Effective Date

MM/DD/YYYY

Optional Life Insurance

*Would you like to add Optional Life Insurance?

☒ Yes ☐ No

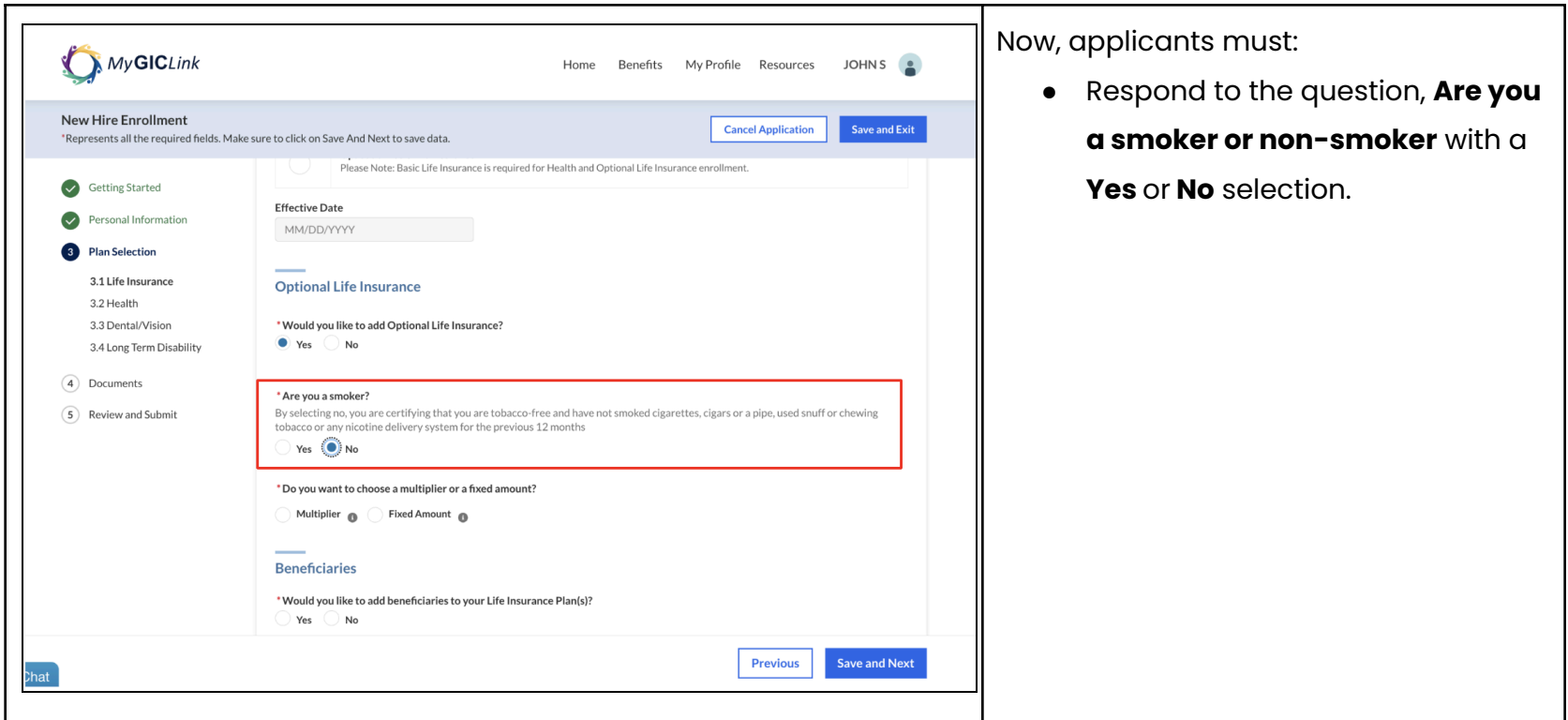
Previous

Save and Next

Applicants must:

- Scroll down to the **Optional Life Insurance** and select **Yes** to add Optional Life Insurance.

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- Respond to the question, **Are you a smoker or non-smoker** with a **Yes** or **No** selection.



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New Hire Enrollment

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

Getting Started
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3.2 Health
3.3 Dental/Vision
3.4 Long Term Disability
4 Documents
5 Review and Submit

* Would you like to add Optional Life Insurance?
☒ Yes ☐ No

* Are you a smoker?
By selecting no, you are certifying that you are tobacco-free and have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months
☐ Yes ☒ No

* Do you want to choose a multiplier or a fixed amount?
☒ Multiplier ☐ Fixed Amount

* How much of a multiplier do you want?
Select Multiplier
1 X Base Salary
2 X Base Salary
3 X Base Salary
4 X Base Salary
5 X Base Salary
6 X Base Salary
7 X Base Salary
8 X Base Salary

Optional life Information
Base Salary
\$60,000.00
Coverage Amount
\$0.00
Monthly Premium
\$0.00

Chat Previous Save and Next

Applicants must:

- Select the **Multiplier** or **Fixed Amount** option to calculate their Coverage Amount and Monthly Premium automatically.
- If applicants select **Multiplier**, they must choose between **1xSalary** and **8xSalary** as their multiplier.



MyGICLink Home Benefits My Profile Resources JOHN S

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

Plan Selection

3.1 Life Insurance
3.2 Health
3.3 Dental/Vision
3.4 Long Term Disability

4 Documents
5 Review and Submit

tobacco or any nicotine delivery system for the previous 12 months
☐ Yes ☒ No

* Do you want to choose a multiplier or a fixed amount?
☒ Multiplier ☐ Fixed Amount

* How much of a multiplier do you want?
1 X Base Salary

* Do you want your coverage and premium to increase automatically with base salary increase?
☐ Yes ☐ No

Optional life Information

Base Salary
\$60,000.00

Coverage Amount
\$59,000.00

Monthly Premium
\$2.36

Beneficiaries

* Would you like to add beneficiaries to your Life Insurance Plan(s)?
☐ Yes ☐ No

Chat Previous Save and Next

- If applicants select **1XSalary**, they must answer the question, **Do you want your coverage and premium to increase automatically with a salary increase?** with a **Yes** or **No** selection.



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New Hire 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 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4

Documents

5

Review and Submit

* Would you like to add Optional Life Insurance?

Yes

No

* Are you a smoker?

By selecting no, you are certifying that you are tobacco-free and have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months

Yes

No

* Do you want to choose a multiplier or a fixed amount?

Multiplier

Fixed Amount

* Fixed Amount

You may only select an amount \$1,000 less than your base salary rounded to the nearest \$1,000

\$10,000

Optional life Information

Base Salary

\$60,000.00

Coverage Amount

\$10,000.00

Monthly Premium

\$0.40

- If applicants select **Fixed Amount**, they must enter it in \$1000 increments, with the maximum amount being \$1000 less than their salary.

Notes:

- The **Coverage Amount** is automatically calculated based on the answer and values selected for the Multiplier or Fixed Amount questionnaire.
- The **Monthly Premium** is automatically calculated based on the values entered from the above questions.

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

Plan Selection

- 3.1 Life Insurance
- 3.2 Health
- 3.3 Dental/Vision
- 3.4 Long Term Disability

4 Documents

5 Review and Submit

* Do you want to choose a multiplier or a fixed amount?

☐ Multiplier ☒ Fixed Amount

* Fixed Amount
You may only select an amount \$1,000 less than your base salary rounded to the nearest \$1,000

\$10,000

Optional life Information

Base Salary
\$60,000.00

Coverage Amount
\$10,000.00

Monthly Premium
\$0.40

Beneficiaries

* Would you like to add beneficiaries to your Life Insurance Plan(s)?

☒ Yes ☐ No

+ Add a beneficiary

Chat Previous Save and Next

Applicants must scroll down to the **Beneficiaries** section.

To add beneficiaries to their life insurance plan, applicants must:

- Select **Yes**.
- Click **Add a beneficiary**.

A screenshot of the MyGICLink web application showing the 'Add a Beneficiary' modal form. The background is a 'New Hire Enrollment' page with a sidebar menu containing 'Getting Started', 'Personal Information', 'Plan Selection' (active), '3.1 Life Insurance', '3.2 Health', '3.3 Dental/Vision', '3.4 Long Term Disability', 'Documents', and 'Review and Submit'. The modal has a title 'Add a Beneficiary' and a note 'Required fields are indicated with *'. It contains a dropdown menu labeled 'Select Beneficiary' with two options: 'Person' and 'Organization/Trust'. The 'Person' option is highlighted with a red border. At the bottom of the modal are 'Cancel' and 'Add' buttons. The background page also has 'Cancel Application' and 'Save and Exit' buttons at the top right, and 'Previous' and 'Save and Next' buttons at the bottom right. A 'Chat' button is in the bottom left.

Applicants must:

- Select the beneficiary type from the drop-down list: **Person** or **Organization/Trust**.



Add a Beneficiary
Required fields are indicated with *

* Select a type of beneficiary
Person

* FIRST NAME JANE MIDDLE NAME MIDDLE NAME * LAST NAME SAMPLE

SUFFIX * Date of Birth 1/1/1991 * Relationship SPOUSE

Social Security Number

Address Information
☒ Same as the member's address
Checking this option will copy the same address that the member has on file.

* STREET ADDRESS 1 2 PORTAL WAY STREET ADDRESS 2 STREET ADDRESS 3

* CITY BOSTON * State MA * ZIP Code 02115

Cancel Add

If applicants have selected **Person**, they must:

- Enter the beneficiary's information and click **Add**.



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

Cancel ApplicationSave and Exit

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3.2 Health

3.3 Dental/Vision

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\$60,000.00

Coverage Amount

\$10,000.00

Monthly Premium

\$0.40

Beneficiaries

*Would you like to add beneficiaries to your Life Insurance Plan(s)?

☒ Yes

☐ No

NAME	RELATIONSHIP	PERCENTAGE	ACTION
JANE SAMPLE	SPOUSE	<div>100.00</div>	View Edit Remove
Total Allocation		100%	

*Do you want to add Contingent Beneficiaries?

☐ Yes

☐ No

Chat

PreviousSave and Next

Applicants must:

- Enter the allocation percentage for the beneficiary.

Note: Applicants can add multiple primary beneficiaries; however, they must ensure that the total allocation equals 100%.



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

Cancel ApplicationSave and Exit

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3.3 Dental/Vision

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Beneficiaries

*Would you like to add beneficiaries to your Life Insurance Plan(s)?

☒ Yes ☐ No

NAME	RELATIONSHIP	PERCENTAGE	ACTION
JANE SAMPLE	SPOUSE	100.00	View Edit
Total Allocation		100%	

*Do you want to add Contingent Beneficiaries?

☒ Yes ☐ No

+ Add a Contingent

Please add at least one contingent beneficiary record.

Chat

PreviousSave and Next

To add **Contingent Beneficiaries**, applicants must:

- Select **Yes**.
- Click **Add a Contingent**.

A screenshot of the MyGICLink web application showing the "Add a Beneficiary" modal form. The background is a "New Hire Enrollment" page with a sidebar menu and a top navigation bar. The modal has a title "Add a Beneficiary" and a note "Required fields are indicated with *". It contains a dropdown menu labeled "Select a type of beneficiary" with two options: "Person" and "Organization/Trust". The "Person" option is highlighted with a red border. At the bottom of the modal are "Cancel" and "Add" buttons. Below the modal, a message states "Please add at least one contingent beneficiary record." The background page includes a "Chat" button at the bottom left and "Previous" and "Save and Next" buttons at the bottom right.

MyGICLink

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

Cancel Application Save and Exit

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Add a Beneficiary
Required fields are indicated with *

*Select a type of beneficiary

Select Beneficiary

Person
Organization/Trust

Cancel Add

Please add at least one contingent beneficiary record.

Chat Previous Save and Next

Applicants must:

- Select the beneficiary type from the drop-down list: **Person** or **Organization/Trust**.



MyGICLink

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New Hire Enrollment
*Represents all the required fields

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Add a Beneficiary

Required fields are indicated with *

* Select a type of beneficiary
Organization/Trust

* ORGANIZATION/TRUST NAME JANE SAMPLE TRUST * Relationship TRUST

Address Information

☒ Same as the member's address
Checking this option will copy the same address that the member has on file.

* STREET ADDRESS 2 PORTAL WAY STREET ADDRESS 2 STREET ADDRESS 3
* City BOSTON * State MA * ZIP Code 02115
* COUNTRY USA Phone

Cancel Add

Previous Save and Next

Chat

If applicants have selected **Organization/Trust**, they must:

- Enter the beneficiary's information and click **Add**.



MyGICLink

HomeBenefitsMy ProfileResourcesJOHN S

New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Documents

Review and Submit

Beneficiaries

*Would you like to add beneficiaries to your Life Insurance Plan(s)?
☒ Yes ☐ No

NAME	RELATIONSHIP	PERCENTAGE	ACTION
JANE SAMPLE	SPOUSE	100.00	View Edit
Total Allocation		100%	

*Do you want to add Contingent Beneficiaries?
☒ Yes ☐ No

NAME	RELATIONSHIP	PERCENTAGE	ACTION
JANE SAMPLE TRUST	TRUST	100.00	View Edit Remove
Total Allocation		100%	

ChatPreviousSave and Next

Applicants must:

- Enter the allocation percentage for their beneficiary.

Note: Applicants can only add a contingent beneficiary if one primary beneficiary is allocated at 100%.

If multiple contingent beneficiaries are added, the allocation should equal 100% for the contingent beneficiaries.

Applicants must:

- Click **Save and Next** to continue with the enrollment application.



3.2: Health

MyGICLink

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New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4 Documents

5 Review and Submit

Plan Selection

3.2 - Health Insurance

PREMIUM TOTAL

\$1.99

[View details](#)

Available Health Plans

Where you live determines which health insurance plans you may enroll in.

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input type="radio"/>	Harvard Pilgrim Explorer VIEW DETAIL	\$266.17	\$659.50
<input type="radio"/>	Harvard Pilgrim Quality VIEW DETAIL	\$196.42	\$499.95
<input type="radio"/>	MGB Health Plan Complete VIEW DETAIL	\$243.69	\$644.42
<input type="radio"/>	Wellpoint Community Choice VIEW DETAIL	\$185.69	\$460.89
<input type="radio"/>	Wellpoint Plus VIEW DETAIL	\$238.94	\$569.31
<input type="radio"/>	Wellpoint Total Choice VIEW DETAIL	\$374.22	\$830.44

Chat

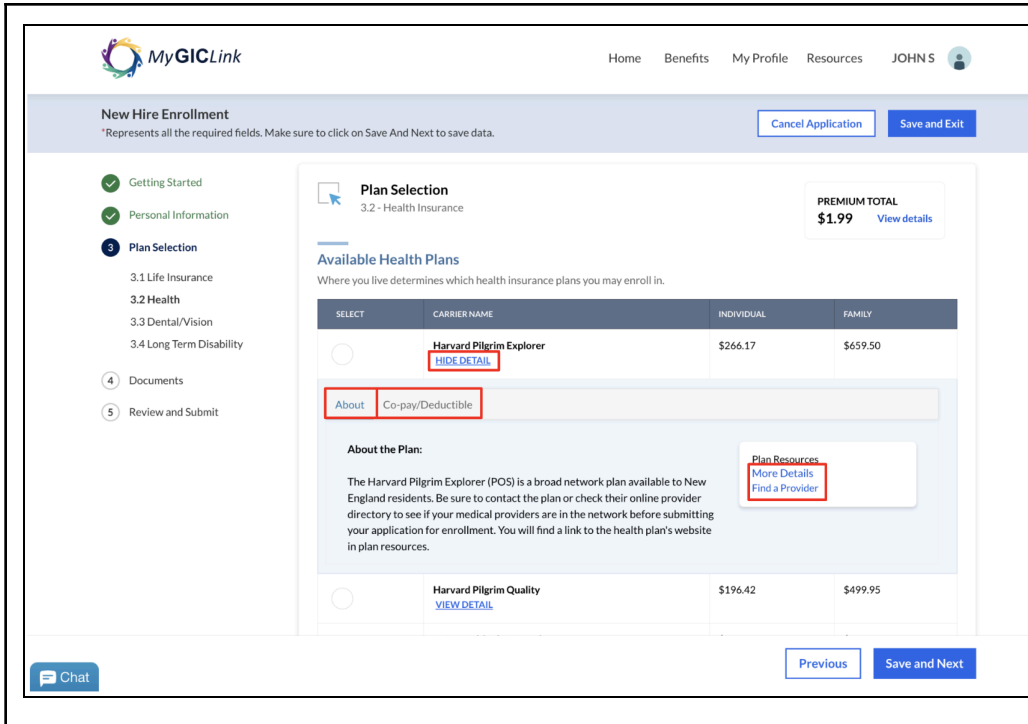
PreviousSave and Next

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.



- Click **About** for an overview of the selected health plan.
- Click **More Details** or **Find a Provider** to be redirected to the health plan's website for GIC members.
- Click **Copay Deductible** to view copay deductible information.
- Click **Hide Detail** to collapse health plan details.



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New Hire Enrollment

Cancel Application

Save and Exit

Getting Started

Personal Information

Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Documents

Review and Submit

Where you live determines which health insurance plans you may enroll in.

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input checked="" type="checkbox"/>	Harvard Pilgrim Explorer VIEW DETAIL	\$266.17	\$659.50
<input type="checkbox"/>	Harvard Pilgrim Quality VIEW DETAIL	\$196.42	\$499.95
<input type="checkbox"/>	MGB Health Plan Complete VIEW DETAIL	\$243.69	\$644.42
<input type="checkbox"/>	Wellpoint Community Choice VIEW DETAIL	\$185.69	\$460.89
<input type="checkbox"/>	Wellpoint Plus VIEW DETAIL	\$238.94	\$569.31
<input type="checkbox"/>	Wellpoint Total Choice VIEW DETAIL	\$374.22	\$830.44
<input type="checkbox"/>	Opt out of Health Insurance		

Effective Date

MM/DD/YYYY

Chat

Previous



Save and Next

- To enroll, check the box next to a health plan.

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

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 Home Benefits My Profile Resources JOHN S 

New Hire 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

☐ Documents
☐ Review and Submit

☐ Wellpoint Plus
[VIEW DETAIL](#)

☐ Wellpoint Total Choice
[VIEW DETAIL](#)

☐ Opt out of Health Insurance

Effective Date
MM/DD/YYYY

* What kind of plan would you like to enroll in?
☐ Individual ☒ Family

Health Plan Dependents ⓘ
[Click here for required documents information](#)
Please add all of the dependents that you would like to be enrolled in your family plan.

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION
+ Add a Dependent				

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

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**.



MyGICLink Home Benefits My Profile Resources JOHN S

New Hire Enrollment
*Represents all the required fields

- Getting Started
- Personal Information
- 3 Plan Selection**
 - 3.1 Life Insurance
 - 3.2 Health
 - 3.3 Dental/Vision
 - 3.4 Long Term Disability
- 4 Documents
- 5 Review and Submit

Add a Dependent

Required fields are indicated with *

* FIRST NAME JANE	MIDDLE INITIAL
* LAST NAME SAMPLE	* Gender Female
* Date of birth 1/1/1991	* Relationship Spouse
Social Security Number	

Cancel Add

Previous Save and Next

Applicants must:

- Enter their dependent's information and click **Add**.



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New Hire 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

Documents

Review and Submit

Wellpoint Plus

[VIEW DETAIL](#)

Wellpoint Total Choice

[VIEW DETAIL](#)

Opt out of Health Insurance

Effective Date

MM/DD/YYYY

*What kind of plan would you like to enroll in?

Individual

Family

Health Plan Dependents

[Click here for required documents information](#)

Please add all of the dependents that you would like to be enrolled in your family plan.

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION
JANE SAMPLE	1/1/1991	Female	Spouse	View Edit Remove

+

 Add a Dependent

Previous

Save and Next

Applicants will return to the Health section.

Applicants can:

- Review their dependent's details.
- Click **Save and Next** to proceed.

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3.3: Dental/Vision

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New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

3 Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Documents

Review and Submit

Plan Selection

3.3 - Dental/Vision

PREMIUM TOTAL

\$661.49View details

Available Dental/Vision Plans

Where you live determines which insurance plans you may enroll in.

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input type="radio"/>	MetLife Classic - Indemnity Plan VIEW DETAIL	\$6.26	\$19.36
<input type="radio"/>	MetLife Value - PPO Plan VIEW DETAIL	\$4.64	\$14.32
<input type="radio"/>	Opt out of Dental/Vision Plan		

Chat

PreviousSave and Next

If the applicants are eligible for **Dental/Vision** benefits, they will be directed to complete the following steps.

Applicants will be prompted to review and select a dental/vision plan.

Applicants must:

- Click **View Detail**, to view details about the plan.



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New Hire 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 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4 Documents

5 Review and Submit

Plan Selection

3.3 - Dental/Vision

PREMIUM TOTAL

\$661.49

[View details](#)

Available Dental/Vision Plans

Where you live determines which insurance plans you may enroll in.

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input type="radio"/>	MetLife Classic - Indemnity Plan	\$6.26	\$19.36

Hide Detail

About

Dental Copay/Deductible

Vision Copay/Deductible

About the Plan:

Active Dental/Vision Plan Options

The GIC offers two dental insurance plan options for members who do not receive dental coverage through a collective bargaining agreement: the Classic and Value plans. Participation in either dental plan automatically enrolls you and any dependents you cover in vision coverage. Both plans feature the same basic design, but under the Value plan you pay more for some services when you receive care from out-of-network providers.

• Preventive services such as cleanings covered at 100%

• Basic services (extractions, fillings, root canals, etc.) covered at 80% / Value plan covers them at 60% when you receive care from out-of-network providers

Plan Resources

[More Details](#)

[Find a Provider](#)

Previous

Save and Next

Applicants must:

- Click **About** for an overview of the selected dental/vision plan.
- Click **More Details** or **Find a Provider** to be redirected to the dental/vision plan's website for GIC members.
- Click **Dental Copay/Deductible** and **Vision Copay/Deductible** to view copay deductible information about dental/vision plan.
- Click **Hide Detail** to collapse dental/vision plan details.

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New Hire Enrollment

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

✓ Getting Started

✓ Personal Information

3 Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4 Documents

5 Review and Submit

Plan Selection

3.3 - Dental/Vision

PREMIUM TOTAL

\$661.49

[View details](#)

Available Dental/Vision Plans

Where you live determines which insurance plans you may enroll in.

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input checked="" type="checkbox"/>	MetLife Classic - Indemnity Plan VIEW DETAIL	\$6.26	\$19.36
<input type="checkbox"/>	MetLife Value - PPO Plan VIEW DETAIL	\$4.64	\$14.32
<input type="checkbox"/>	Opt out of Dental/Vision Plan		

Effective Date

MM/DD/YYYY

*What kind of plan would you like to enroll in?

☐ Individual ☐ Family

Chat

Previous

Save and Next

- To enroll, check the box next to a dental/vision plan.

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



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New Hire 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 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4

Documents

5

Review and Submit

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input checked="" type="radio"/>	MetLife Classic - Indemnity Plan VIEW DETAIL	\$6.26	\$19.36
<input type="radio"/>	MetLife Value - PPO Plan VIEW DETAIL	\$4.64	\$14.32
<input type="radio"/>	Opt out of Dental/Vision Plan		

Effective Date
MM/DD/YYYY

*What kind of plan would you like to enroll in?

☐ Individual☒ Family

Dental Plan Dependents

[Click here for required documents information](#)

Please add all of the dependents that you would like to be added to your family plan.

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION
<div>+ Add a Dependent</div>				

Chat

Previous

Save and Next

After selecting a dental/vision 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 **Dental Plan Dependents** section and:

- Click **Add a Dependent**.

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

Getting Started
Personal Information
3 Plan Selection
3.1 Life Insurance
3.2 Health
3.3 Dental/Vision
3.4 Long Term Disability
4 Documents
5 Review and Submit

Add a Dependent

Please Note : If you want a dependent to be on both your Health plan and your Dental plan, add the dependent to the Health plan first.

Choose an existing Dependent
Select Dependent
JANE SAMPLE

OR Add New

Cancel Add

Please add all of the dependents that you would like to be added to your family plan.

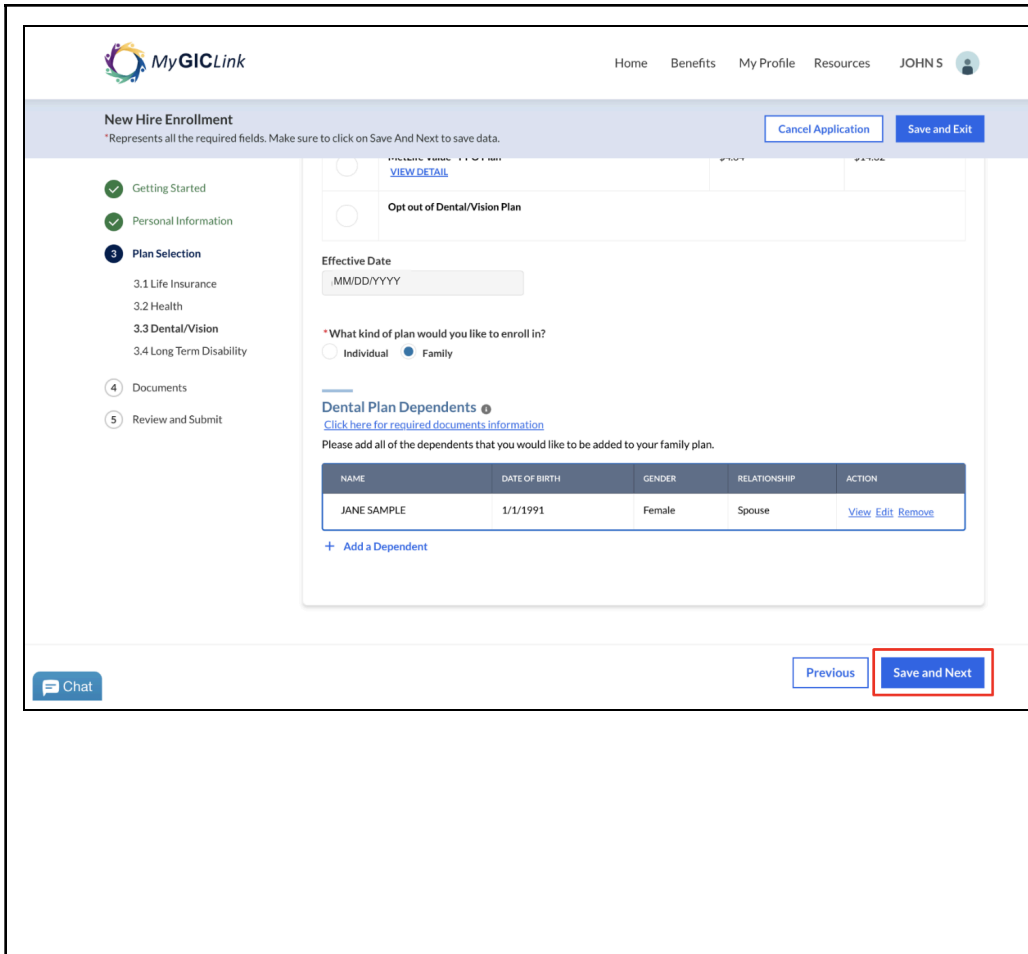
NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION
+ Add a Dependent				

Previous Save and Next

Applicants must:

- Select the dependent from the existing dependents drop-down list, then click **Add**.

Note: If the dependent is not in the existing dependents drop-down list, applicants must click **Add New** and enter their dependent's information.



Applicants must:

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3.4: Long Term Disability

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New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

3 Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

4 Documents

5 Review and Submit

Plan Selection

3.4 - Long Term Disability

PREMIUM TOTAL

\$680.85

View details

Long Term Disability

All Eligible employees can apply for LTD coverage during Annual Enrollment or at any time during the year.

SELECT	CARRIER NAME	MONTHLY PREMIUMS
<input type="radio"/>	MetLife LTD VIEW DETAIL	\$5.50
<input type="radio"/>	Opt out of Long Term Disability	

Chat

PreviousSave and Next

Applicants will be directed to the **Long Term Disability** section under **Plan Selection**.

Applicants will be prompted to review and select a long-term disability plan.

Applicants must:

- Click **View Detail** to review the plan details.



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New Hire 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

Review and Submit

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Plan Selection

3.4 - Long Term Disability

PREMIUM TOTAL

\$680.85

View details

Long Term Disability

All Eligible employees can apply for LTD coverage during Annual Enrollment or at any time during the year.

SELECT	CARRIER NAME	MONTHLY PREMIUMS
<input type="radio"/>	<div>MetLife LTD</div> <div>HIDE DETAIL</div>	\$5.50

About

About the Plan:

The Long Term Disability (LTD) Plan provides income replacement if you are unable to work for 90 consecutive days due to illness or injury. Benefits include a tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of \$10,000 per month, up to the age of 65. If a participant is disabled on or after age 62, benefits may continue after age 65. Please refer the the plan brochure for additional information. Late enrollees will be asked to provide evidence of insurability before coverage can take effect.

Plan Resources

More Details

Opt out of Long Term Disability

Previous

Save and Next

Applicants must:

- Click **About** for an overview of the selected long-term disability plan.
- Click **More Details** to be redirected to the long-term disability plan's website for GIC members.
- Click **Hide Detail** to collapse long-term disability plan details.



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New Hire Enrollment

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

Cancel ApplicationSave and Exit

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Plan Selection

3.1 Life Insurance

3.2 Health

3.3 Dental/Vision

3.4 Long Term Disability

Documents

Review and Submit

Plan Selection

3.4 - Long Term Disability

PREMIUM TOTAL

\$686.35

View details

Long Term Disability

All Eligible employees can apply for LTD coverage during Annual Enrollment or at any time during the year.

SELECT	CARRIER NAME	MONTHLY PREMIUMS
<input checked="" type="checkbox"/>	MetLife LTD VIEW DETAIL	\$5.50

☐

Opt out of Long Term Disability

Effective Date

MM/DD/YYYY

Previous

Save and Next

- To enroll, check the box next to the long-term disability plan.

Notes:

- The Effective Date of the long-term disability plan will be auto-calculated and filled in based on your hire date.
- To view premium details, applicants must click **View Details** under the PREMIUM TOTAL section.

When finished, applicants must:

- Click **Save and Next** to continue to the Documents section.

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Step 4: Documents

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New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

Plan Selection

Documents

Review and Submit

Documents

See the table below for documents you must provide along with your enrollment to add a spouse or dependent.

Dependents

Click here for Required Documents Information

DEPENDENT NAME	RELATIONSHIP	PLAN COVERAGE TYPE	ACTION	STATUS
JANE SAMPLE	Spouse	Harvard Pilgrim Explorer, MetLife Classic - Indemnity Plan Health, Dental/Vision	View/Upload	

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, or Guardianship Document must be uploaded. Disabled Dependent application is required and a completed application may be mailed separately to the GIC.

Chat

PreviousSave and Next

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

Applicants must:

- Click **View/Upload** to upload the required documents to enroll dependents.



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New Hire Enrollment
*Represents all the required files

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

Documents View/Upload

Upload Documents
You can upload one or multiple documents

[Upload Files](#) Or drop files

All Documents
Available documents for the dependent JANE

DOCUMENT NAME	TYPE	DOCUMENT	ACTION
No documents found for the dependent.			

Cancel

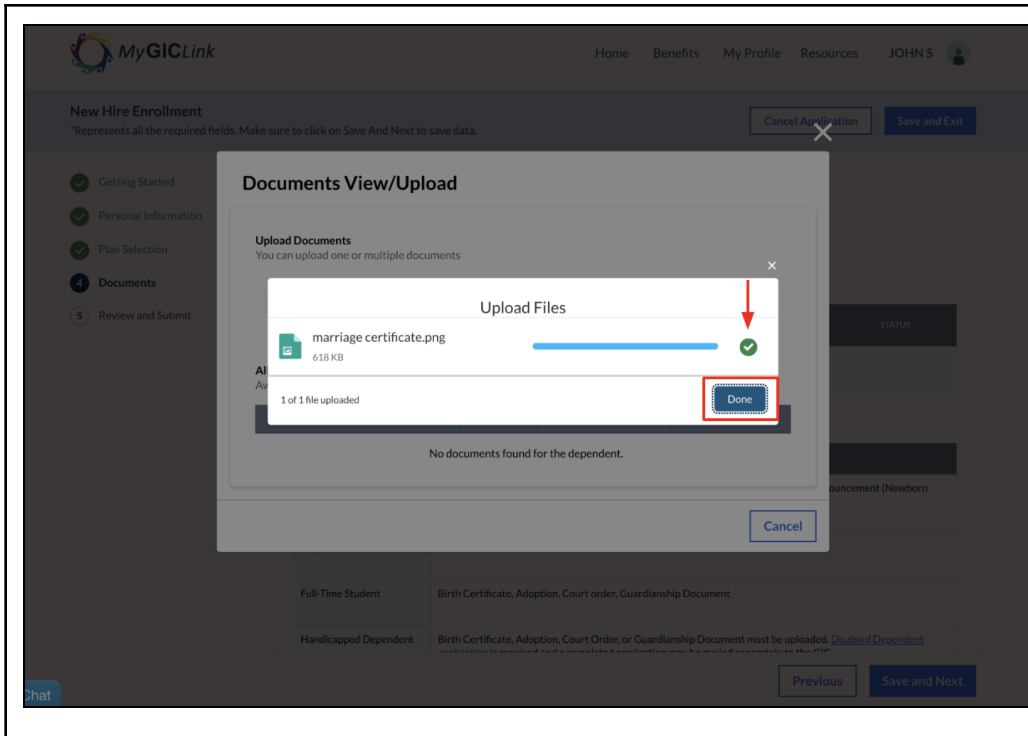
Dependent 19-26 Birth Certificate, Adoption, Court order, Guardianship Document

Previous Save and Next

Chat

Applicants must:

- Click **Upload Files** to upload the required document(s).



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.



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New Hire 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

4 Documents

5 Review and Submit

Dependents ⓘ

[Click here for Required Documents Information](#)

DEPENDENT NAME	RELATIONSHIP	PLAN COVERAGE TYPE	ACTION	STATUS
JANE SAMPLE	Spouse	Harvard Pilgrim Explorer, MetLife Classic - Indemnity Plan Health, Dental/Vision	View/Upload	✓

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, or Guardianship Document must be uploaded. Disabled Dependent application is required and a completed application may be mailed separately to the GIC.
Spouse	Marriage Certificate

Previous

Save and Next

Upon a successful upload, the Status will display a green checkmark.

Applicants must:

- Click **Save and Next** to proceed to the final section.

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Step 5: Review and Submit

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New Hire Enrollment

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

Cancel ApplicationSave and Exit

✓Getting Started

✓Personal Information

✓Plan Selection

✓Documents

5Review and Submit

Personal Information

▼

Enrollee Information

Full Name	Date of Birth	Gender
JOHN SAMPLE	1/1/1990	Male
Social Security Number	Base Salary	Reference ID
XXX-XX-1234	\$60,000.00	1A2B3C4D

Contact Information

Home Address	Mailing Address
2 PORTAL WAY BOSTON MA 02115 USA	2 PORTAL WAY BOSTON MA 02115 USA
Mobile Phone	Email
123-456-7890	sample@example.com

Employer Information

Agency Name	Agency Address
ONLINE AGENCY	1 GIC STREET BOSTON MA 02115

Update Personal Information

Chat

PreviousSubmit

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

- Review all their selections.

Note: Applicants must click the **Update Personal Information** button to edit the information in this section.



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New Hire Enrollment

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

Cancel ApplicationSave and Exit

Getting Started

Personal Information

Plan Selection

Documents

5 Review and Submit

Life Insurance

Basic Life Insurance

PLAN NAME	COVERAGE AMOUNT	MONTHLY PREMIUM	EFFECTIVE DATE
MetLife Basic Life View Detail	\$5,000.00	\$1.59	MM/DD/YYYY

Optional Life Insurance

SMOKER	COVERAGE TYPE	COVERAGE AMOUNT	MONTHLY PREMIUM	EFFECTIVE DATE
No	Fixed (\$10,000)	\$10,000.00	\$0.40	MM/DD/YYYY

Life Insurance Beneficiaries

If all designated beneficiaries die before you, life insurance payment will be made according to the terms of your policy.

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE
JANE SAMPLE	SPOUSE	1/1/1991	100%

Update Life Insurance

Chat

PreviousSubmit

Applicants must:

- Click the arrow available 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.



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New Hire 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

Attestation

I certify that I checked my health plan's online provider directory and my doctors, hospitals and other medical providers are within the network for the health plan I have selected. I understand that doctors and hospitals within the network may change during the year and if my provider is no longer available, my health insurance carrier will help me find a new one. I understand that my doctor or hospital leaving a network is not a qualifying event to change health plans.

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

I authorize the GIC to update my GIC benefits and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required 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 enroll in health insurance or 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, and involuntary loss of coverage). I understand that the GIC must receive any required documentation for health insurance enrollments and changes within 60 days of the event. Family status change documentation for optional life insurance enrollment and changes must be received by the GIC within 60 days of the qualifying 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

JOHN SAMPLE

*Enter Your Full Name

JOHN SAMPLE

Date

Previous

Submit

Chat

Applicants must:

- Review attestations and check the **attestation check boxes**.
- 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.

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MyGICLink Home Benefits My Profile Resources JOHN S

New Hire 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**

Attestation

I certify that I checked my health plan's online provider directory and my doctors, hospitals and other medical providers are within the network for the health plan I have selected. I understand that doctors and hospitals within the network may change during the year and if my provider is no longer available, my health insurance carrier will help me find a new one. I understand that my doctor or hospital leaving a network is not a qualifying event to change health plans.

☒ I certify that I have read and acknowledge the above attestation.

Confirm Submission

Are you sure you want to submit the application? You will not be able to update your application once it has been submitted.

No Yes

Full Name
JOHN SAMPLE

Date

*Enter Your Full Name
JOHN SAMPLE

Previous Submit

A confirmation pop-up window will appear on the page.

Applicants must:

- Click **Yes**.



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New Hire 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

\$686.35

[View details](#)

Success!

Your New Hire Enrollment Application has been successfully submitted.
Please keep the case number for your reference - 00130672

Print

Personal Information

Enrollee Information

Full Name	Date of Birth	Gender
JOHN SAMPLE	1/1/1990	Male
Social Security Number	Base Salary	Reference ID
XXX-XX-1234	\$60,000.00	1A2B3C4D

Contact Information

Home Address	Mailing Address
2 PORTAL WAY BOSTON MA 02115 USA	2 PORTAL WAY BOSTON MA 02115 USA

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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.

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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

My Application(s)

NEW HIRE ENROLLMENT STATUS

Dependent(s) Under Review

Print This Application

Note: Applicants can check the status of their application from the Home page at any time.

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