

New Hire Enrollment Application User Guide (For State Employees)





Table of Contents

Introduction
New Hire Enrollment Application Steps
Step 1: Getting Started
Step 2: Personal Information
Step 3: Plan Selection
3.1: Life Insurance
3.2: Health
3.3: Dental/Vision
3.4: Long Term Disability
Step 4: Documents
Step 5: Review and Submit



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

	Register for MyGICLink Member Portal and Enroll in GIC Benefits Today!	Newly hired employees will receive a registration email for the MyGICLink
•	my of Clink myslician cotasionerse volgenias gov to me + Hi JOHN SAMPLE, 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 monthly premium rates, an overview of health plan co-pays/deductibles and complete your application to enroll.	member benefits portal.
	Portal Link : <u>https://mygiclink-gagovplus.sandbox.my.aite.com/customemortal/s/login/SaffRegister</u> Email to Register : <u>sample@example.com</u> Your Pin Number is 0011816 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:	 Employees must: Click the Portal Link in the email to complete the registration process.
	Thank you, Group Insuance Commission	Note : For instructions on completing registration, refer to the <u>Registration and</u> <u>Login Video</u> or the <u>Registration and</u> <u>Login User Guide</u> .



You have until MM/DD/YYYY to submit your You have until MM/DD/YYYY to submit your Not Inrolled Ay Application(s) ou do not have any applications in progress at this time.	New Hire Enrollment for GIC benefits.
1y Application(s) ou do not have any applications in progress at this time.	
Qualifying Events Health Plan/Carrier GIC benefit, effective date and enrollment deadline information for newly hired employees Qualifying Events Learn more about enrolling in or equalifying event. Health Plan/Carrier Directory Review the full is of GIC Plan Providers, plan information and contact details. Contact details.	GIC Benefit Guides Resource to help you make an informed decision about your GIC benefits.
Support Requests View and Pay Bill Plan Comparison Tool Send your question to the GIC. View and pay your GIC premium invoice. GIC health plan benefits at a elance.	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 Online Forms at bit.ly/giconlineforms.
- The due date for submitting their application will be reflected in the MY NOTIFICATIONS section.



My GICLink	Home Benefits My Profile Resources JOHN S	To begin the application, applicants must:
Welcome to your Benefits Dashboard JOHN SAMPLE ENROLLMENT STATUS Not Enrolled Mot Enrolled Go	MY NOTIFICATIONS You have until MM/DD/YYYY 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
My Application(s) You do not have any applications in progress at this time.		section.
New Hire Information Qualifying Events GIC benefit, effective date and enrollment deadline information for newly hired employees 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.	
Support Requests View and Pay Bill View and pay your GIC premium invoice.	Plan Comparison Tool Flexible Spending Accounts GiC health plan benefits at a glance. How to enroll in FSA	









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

<text><section-header><list-item><list-item><list-item><list-item><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></list-item></list-item></list-item></list-item></section-header></text>	ing Started section. At Yes to the question, Would like to enroll in GIC Benefits? Next to proceed. any hyperlink to view content and learn more
---	---

Step 2: Personal Information

*Represents all the required fields. N	Aake sure to click on Save And Next to save data.		Cancel Application Save and	Exit
Getting Started Personal Information Plan Selection Documents	Personal Information Please review the following infor Enrollee Information FULL NAME	mation for accuracy. DATE OF BIRTH	GENDER	Rev per If the infor
5 Review and Submit	JOHN SAMPLE SOCIAL SECURITY NUMBER XXXXXX-1234 Contact Information HOME ADDRESS 2 PORTAL WAY BOSTON MA 02115 USA MOBILE PHONE 123-456-7890 Employer Information AGENCY INAME Online Agency * Is the information listed above accu	1/1/1990 EASE SALARY \$60.000.00 MAILING ADDRESS 2 PORTAL WAY BOSTON MA 02115 USA EMAIL Cample@example.com AGENCY ADDRESS 1 GIC STREET BOSTON MA 02115 Tate?	Male REFERENCE ID 1A2B3C4D	applicant: • Sele info acc • Clic

be directed to the

mation section and must:

and confirm their information.

on is accurate,

st:

es to the question, Is the

tion listed above e?

ve and Next to proceed.

Step 3: Plan Selection

3.1: Life Insurance

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

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.

Click View Detail to review the

New Hire Enrollment Represents all the required fields. M	ake sure to click on Save And Next to save data.		Cancel Application Save and Exit	Click About for an overview of the second se
 Getting Started Personal Information Plan Selection 	Plan Selection 3.1 - Life Insurance		PREMIUM TOTAL \$0.00 View details	 basic life insurance plan. Click More Details to be
 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 MetLife Basic Life HIDE DETAIL About About the plan: Eligible GIC members may enroll in the \$2 choose up to eight times your annual sala enrollees will be asked to provide evidence take effect. Option of Basic Life Insurance Please Note: Basic Life Insurance	COVERAGE AMOUNT \$5,000.00 5,000 Basic Life/AD&D plan, You ma y in optional life coverage. Late e of insurability before coverage cal is required for Health and Optional Li	MONTHLY PEEMLIANS \$1.59 y Plan Resources More Details	 Plan's website. Click Hide Detail to collapse plan details.
	Opt out of Basic Life Insurance Please Note: Basic Life Insurance	is required for Health and Optional Li	fe Insurance enrollment.	

New Hire Enrollment *Represents all the required fiel	ds. Make sure to click on Save And Next to save data	э.	Cancel Application Save and	l Exit
 Getting Started Personal Information Plan Selection 3 11 life Insurance 	Plan Selection 3.1 - Life Insurance		PREMIUM TOTAL \$1.59 View details	Note insur and
3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability	Note: For additional coverage you can also add	COVERAGE AMOUNT \$5,000.00	MONTHLY PREMIUMS \$1.59	hire
4 Documents5 Review and Submit	Opt out of Basic Life Ins Please Note: Basic Life In Effective Date	urance Isurance is required for Health and Optional Life	Insurance enrollment.	
	Optional Life Insurance			
	*Would you like to add Optional Lif Yes No	e Insurance?		

• 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.

My GICLink New Hire Enrollment 'Represents all the required fields. Mak	e sure to click on Save And Next to save data.	Home Benefits	My Profile Resources JOHNS	 Applicants must: Scroll down to the Optional Life Insurance and select Yes to add
 Getting Started Personal Information Plan Selection 3.1 Life Insurance 	Plan Selection 3.1 - Life Insurance Basic Life Insurance • Note: For additional coverage you can also add an Optional	1Life Plan,	PREMIUM TOTAL \$1.59 View details	Optional Life Insurance.
3.2 Health 3.3 Dental/Vision	SELECT CARRIER NAME	COVERAGE AMOUNT	MONTHLY PREMIUMS	
 3.4 Long Term Disability 4 Documents 5 Review and Submit 	MetLife Basic Life <u>VIEW DETAIL</u> Opt out of Basic Life Insurance Please Note: Basic Life Insurance	\$5,000.00 s required for Health and Optional Life Insu	\$1.59 Irance enrollment.	
	Effective Date MM/DD/YYYY Optional Life Insurance			
	*Would you like to add Optional Life Insurar	ce?		
hat			Previous Save and Next	

New Hire Enrollment	ke sure to click on Save And Next to save data.	Respond to the question, Are yo a smoker or pon-smoker with a
 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 	Please Note: Basic Life Insurance is required for Health and Optional Life Insurance enrollment. Effective Date MM/DD/YYY Optional Life Insurance *Vould you like to add Optional Life Insurance? *Vould you like to add Optional Life Insurance? *Vould you like to add Optional Life Insurance? *Vould 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 Ves *Ves *No Do you want to choose a multiplier or a fixed amount? Multiplier *Fixed Amount Fixed Amount Fixed Amount	Yes or No selection.
	*Would you like to add beneficiaries to your Life Insurance Plan(s)?	

New Hire Enrollment *Represents all the required fields. Mak	e sure to click on Save And Next to save data.	Cancel Application Save and Exit	 Select the Multiplier or Fixed Amount option to calculate the
 Getting Started Personal Information Plan Selection All Life Insurance Bertalt/Vision Bertalt/Vision Long Term Disability Documents 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 n tobacco are ny nicotine delivery system for the previous 12 months of the previous 12 months of	not smoked cigarettes, cigars or a pipe, used snuff or chewing Optional life Information Base Salary \$60,000.00 Coverage Amount \$0.00 Monthly Premium \$0.00 Previous	 Coverage Amount and Monthly Premium automatically. If applicants select Multiplier, they must choose between 1xSalary and 8xSalary as their multiplier.

	My GICLink		Home Bene	Efits My Profile Resou	ation Save	IS and Exit
	Getting Started Personal Information Plan Selection	tobacco or any nicotine delivery system for the previous 12 t Yes No *Do you want to choose a multiplier or a fixed amount? Multiplier Fixed Amount	months			
	 3.1 Life Insurance 3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability 4 Documents 5 Review and Submit 	*How much of a multiplier do you want? 1X Base Salary *Do you want your coverage and premium to increase automatically with base salary increase? Yes No	×	Optional life Inform Base Salary \$60,000.00 Coverage Amount \$59,000.00 Monthly Premium \$2.36	nation	
		Beneficiaries "Would you like to add beneficiaries to your Life Insurance Yes No	e Plan(s)?			
F Ch	at			Previo	us Save an	nd Next

*Represents all the required fields. Ma	ike sure to click on Save And Next to save data.	Cancel Application Save and Exit
Getting Started	*Would you like to add Optional Life Insurance? Yes No	
 3 Plan Selection 3.1 Life Insurance 3.2 Health 3.3 Dental/Vision 	* Are you a smoker? By selecting no, you are certifying that you are tobacco-free and have not sm tobacco or any nicotine delivery system for the previous 12 months Yes • No	noked cigarettes, cigars or a pipe, used snuff or chewing
3.4 Long Term Disability 4 Documents	* Do you want to choose a multiplier or a fixed amount? Multiplier	
5 Review and Submit	* Fixed Amount You may only select an amount \$1,000 less than your base salary rounded to the nearest \$1,000	Optional life Information
	\$10,000	\$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.

New Hire Enrollment *Represents all the required fields. N	lake sure to click on Save And Next to save data.	Cancel Application Save and Exit	Beneficiaries section.
Getting Started	*Do you want to choose a multiplier or a fixed amount? Multiplier 💿 💿 Fixed Amount 💿		To add beneficiaries to their life
Personal Information3 Plan Selection	*Fixed Amount You may only select an amount \$1,000 less than your base salary rounded to the nearest \$1,000	Optional life Information	insurance plan, applicants must:
3.1 Life Insurance	\$10,000	Base Salary	• Select Yes .
3.2 Health 3.3 Dental/Vision		\$60,000.00	Click Add a bonoficiany
3.4 Long Term Disability		Coverage Amount	
		\$10,000.00	
4 Documents		Monthly Premium	
5 Review and Submit		\$0.40	
	Beneficiaries		
	Would you like to add beneficiaries to your Life Insurance Plan(s)? Yes No		
	+ Add a beneficiary		

MyGICLink New Hire Enrollment "Represents all the required fie Getting Started Getting Started Orsonal Information Parsonal Information Plan Selection All Ling Insurance A2 Health A3 Dental/Vision A4 Long Term Disability Occuments S Review and Submit	sids. Make sure to click on Save And Next to save data. Add a Beneficiary Required fields are indicated with * * Select Beneficiary Person Organization/Trust	Home Benefits My Profile Resources JOHNS () Cancel Application Sove and Exit	 Applicants must: Select the beneficiary type from the drop-down list: Person or Organization/Trust.
₽ Chat	+ Add a beneficiary	Previous Save and Next	

My GICLink.	Add a Beneficiary	Не	ome Benefits My Profil	e Reençirces JOHN S	If applicants have selected Person , they
 New Hire Enrollment Represents all the required for Getting Started Personal Information Pin Selection 3.1 Life Insurance 3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability Documents S Review and Submit 	Add a Beneficiary Required fields are indicated with 'Select a type of beneficiary Person 'FIRST NAME JANE SUFFIX Social Security Number Address Information Same as the member's address Checking this option will copy the sa 'STREET ADDRESS 1 2 PORTAL WAY 'CITY BOSTON	MIDDLE NAME *Date of Birth 1/1/1991 me address that the member has on file. STREET ADDRESS 2 *State MA ▼	*LAST NAME SAMPLE *Relationship SPOUSE STREET ADDRESS 3 *ZIP Code 02115	■ ation	must: • Enter the beneficiary's information and click Add .
F Chat		-	Cancel	Add Previous Save and Next	

New Hire Enrollment *Represents all the required fields. Ma	ke sure to click on Save And Next to save data.		Cancel Application Save and Exit	Enter the allocation percentage for the beneficiary
 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 y • Yes No NAME JANE SAMPLE * Do you want to add Contingent Benefic	our Life Insurance Plan(s)? RELATIONSHIP SPOUSE SPOUSE Total Allocation	\$60,000.00 Coverage Amount \$10,000.00 Monthly Premium \$0.40 View Edit Remoxe 100%	Note: Applicants can add multiple primary beneficiaries; however, they must ensure that the total allocation equals 100%.
nat			Previous Save and Next	

My GICLink New Hire Enrollment 'Represents all the required fields. Make s Getting Started Personal Information Pan Selection All for purpose	ure to click on Save And Next to save data. Beneficiaries *Would you like to add beneficiaries to your Life Insu * You like to add beneficiaries to your Life Insu No	Home Bei irance Plan(s)?	nefits My Profil	e Resources JOHNS	 applicants must: Select Yes. Click Add a Contingent.
3.2 Health	NAME	RELATIONSHIP	PERCENTAGE	ACTION	
3.3 Dental/Vision 3.4 Long Term Disability	JANE SAMPLE	SPOUSE	100.00	View Edit	
(4) Documents		Total Allocation	100%		
5 Review and Submit	*Do you want to add Contingent Beneficiaries? • Yes No				
	Please add at least one contingent beneficiary res	cord.			
				Previous Save and Next	

New Hire Enrollment Represents all the required fields. Make sure to click on Save And Next to save data.	Cancel Application Save and Exit	the drop-do
 Getting Started Personal Information Plan Selection A Life Insurance Bental Vision A Long Term Disability Documents Review and Submit 		Organizatio
Please add at least one contingent bene	cancel Add	

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

My GICLink	H	lome Benefits My Pro	file Resources JOHN 5	If applicants have selected
Add New Hire Enrollment Require Cetting Started Cetting Started Cetting Cetting Started Cetting Cetting Started Cetting Cetting Started Cetting C	a Beneficiary red fields are indicated with * ta type of beneficiary anization/Trust ANIZATION/TRUST NAME *Relationship E SAMPLE TRUST TRUST me as the member's address secking this option will copy the same address that the member has on file. ET ADDRESS STREET ADDRESS 2 DRTAL WAY *State MA< * NTRY Phone NTRY Phone	STREET ADDRESS 3 *ZIP Code 02115 Cancel	Add	Organization/Trust, they must: • Enter the beneficiary's information and click Add.

Why GIGE <i>inik</i>		Home Ber	ients My Prom	Resources JOHNS
New Hire Enrollment *Represents all the required fields. Ma	ke sure to click on Save And Next to save data.		C	ancel Application Save and Exit
 Getting Started Personal Information Plan Selection 3.11 ife Insurance 	Beneficiaries *Would you like to add beneficiaries to your Life Ins Yes No	urance Plan(s)?		
3.2 Health	NAME	RELATIONSHIP	PERCENTAGE	ACTION
3.3 Dental/Vision 3.4 Long Term Disability	JANE SAMPLE	SPOUSE	100.00	View Edit
(4) Documents		Total Allocation	100%	
5 Review and Submit	*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%	
nat				Previous Save 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

esents all the required fields. Make s	ure to click on Save And Next to save data.	Ca	ancel Application Save and Exit	section under the Fight Selection .
Getting Started Personal Information Plan Selection 3.1 Life Insurance	Plan Selection 3.2 - Health Insurance Available Health Plans Where you live determines which health insuran	ce plans you may enroll in.	PREMIUM TOTAL \$1.99 View details	Applicants will be prompted to re and select a health insurance pla
3.3 Dental/Vision	SELECT CARRIER NAME	INDIVIDUAL	FAMILY	Applicants must:
3.4 Long Term Disability	Harvard Pilgrim Explorer	\$266.17	\$659.50	Click View Detail to review
Review and Submit	Harvard Pilgrim Quality VIEW DETAIL	\$196.42	\$499.95	plan details.
	MGB Health Plan Complete VIEW DETAIL	\$243.69	\$644.42	
	Wellpoint Community Choice	\$185.69	\$460.89	
	Wellpoint Plus VIEW DETAIL	\$238.94	\$569.31	
	Wellpoint Total Choice	\$374.22	\$830.44	

New Hire Enrollment *Represents all the required fields. Ma	ike sure to click on Save And Next to save data.	Cancel Application Save and Exit	selected health plan.
 Getting Started Personal Information Plan Selection Life Insurance 	Plan Selection 3.2 - Health Insurance Available Health Plans Where you live determines which health insurance plans you may enry	PREMIUM TOTAL \$1.99 View details	 Click More Details or Find a Provider to be redirected to
3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability 4 Documents 5 Review and Submit	SELECT CARRER NAME Harvard Pligrim Explorer HIDE DETAIL About Co-pay/Deductible About the Plan: The Harvard Pligrim Explorer (POS) is a broad network plan ava England residents. Be sure to contact the plan or check their on directory to see if your medical providers are in the network your application for enrollment. You will find a link to the health in plan resources.	INDIVIDUAL FAMILY \$266.17 \$659.50 S266.17 Second	 health plan's website for Glomembers. Click Copay Deductible to vicopay deductible information Click Hide Detail to collapse bealth plan details
	Harvard Pilgrim Quality VIEW DETAIL	\$196.42 \$499.95	

New Hire Enrollment *Represents all the required fields. Ma	ke sure to click on S	Save And Next to save data.	Ca	ncel Application Save and Ex	nealth pian.
Getting Started	Where you	I live determines which health insurance plans yo	u may enroll in.		Note : The Effective Date for the hea
Personal InformationPlan Selection	SELECT	CARRIER NAME Harvard Pilgrim Explorer <u>VIEW DETAIL</u>	NDIVIDUAL \$266.17	FAMILY \$659.50	insurance plan will be auto-calcul
3.1 Life Insurance 3.2 Health	0	Harvard Pilgrim Quality <u>VIEW DETAIL</u>	\$196.42	\$499.95	and filled in based on the applican
3.3 Dental/Vision 3.4 Long Term Disability		MGB Health Plan Complete VIEW DETAIL	\$243.69	\$644.42	hire date.
(4) Documents(5) Review and Submit		Wellpoint Community Choice VIEW DETAIL	\$185.69	\$460.89	
		Wellpoint Plus VIEW DETAIL	\$238.94	\$569.31	
		Wellpoint Total Choice <u>VIEW DETAIL</u>	\$374.22	\$830.44	
	0	Opt out of Health Insurance			
	Effective D	Date			

New Hire Enrollment "Represents all the required fields. M	fake sure to click on Save And	I Next to save data.		Cancel A	pplication Save a		
Getting Started		point Plus V DETAIL				piant	ypc
Personal Information		point Total Choice <u>/ DETAIL</u>				Applic	ant
Plan Selection3.1 Health	Opto	out of Health Insurance				•	Se
4 Documents	Effective Date						like
5) Review and Submit	*What kind of plat	n would you like to enroll in? Family ependents o				Applic	Fai
	Please add all of the	e dependents that you would like	e to be enrolled in your family	plan.			to t
	NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION		101
	+ Add a Depend	ent				sectio	n a
						- •	Cli

ng a health insurance plan, vill be prompted to select a

nust:

the kind of plan they would enroll in: Individual or *'*.

ho select Family must scroll Health Plan Dependents

dd a Dependent.

MyGICLink New Hire Enrollment Represents all the required fi	Add a Dependent	Home Benefits My Profile R	Action Save and Exit	 Applicants must: Enter their dependent's information and click Add.
 Getting Started Personal Information Plan Selection Life Insurance Life Insurance Z Health Dontal / Vision Long Term Disability Documents Review and Submit 	* FIRST NAME JANE *LAST NAME SAMPLE *Date of birth 1/1/1991	MIDDLE INITIAL *Gender Female *Relationship Spouse *	594.85	
Chat		Cancel Add	ACTION Svious Save and Next	

My GICLink			Home Benefit:	s My Profile I	Resources JOHN S	•	Applicants will return to the Health
New Hire Enrollment *Represents all the required fields. M	ake sure to click on Save And Next to save o	lata.		Cancel	Application Save and I	Exit	section.
 Getting Started Personal Information Plan Selection 3.1 Health Documents Review and Submit 	Wellpoint Plus VIEW DETAIL Wellpoint Total Choi VIEW DETAIL Opt out of Health Int Opt out of Health Int Effective Date MM/DD/YYYY *What kind of plan would you lik Individual ● Family Health Plan Dependents Click here for required document Please add all of the dependents t	ce urance e to enroll in? s information hat you would like to be er	rolled in your family pla	n.			 Applicants can: Review their dependent's details. Click Save and Next to proceed.
	JANE SAMPLE	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION View Edit Remove		
	+ Add a Dependent						
t				Pi	Save and N	lext	

3.3: Dental/Vision

New Hire Enrollment *Represents all the required fields. Ma	ke sure to click on Save And Next to save data.	Cance	Application Save and Exit	directed to complete the follow
 Getting Started Personal Information Plan Selection Life Insurance Hauth 	Plan Selection 3.3 - Dental/Vision Available Dental/Vision Plans Where you live determines which insurance plans you may enroll	n.	PREMIUM TOTAL \$661.49 View details	steps. Applicants will be prompted to
3.3 Dental/Vision	SELECT CARRIER NAME	INDIVIDUAL	FAMILY	and select a dental/vision plan.
(4) Documents	MetLife Classic - Indemnity Plan	\$6.26	\$19.36	
5 Review and Submit	MetLife Value - PPO Plan VIEW DETAIL	\$4.64	\$14.32	Applicants must:
	Opt out of Dental/Vision Plan			Click View Detail, to view
				about the plan.

My GIC Link	Home	Benefits My P	rofile Resources	JOHNS
New Hire Enrollment *Represents all the required fields. Mai	e sure to click on Save And Next to save data.	[Cancel Application	Save and Ex
 Getting Started Personal Information Plan Selection 	Plan Selection 3.3 - Dental/Vision		PREMIUM TO \$661.49	AL View details
3.1 Life Insurance 3.2 Health 3.3 Dental/Vision	Where you live determines which insurance plans you may enroll in.	INDIVI	DUAL FA	MILY
3.4 Long Term DisabilityOccuments	MetLife Classic - Indemnity Plan HIDE DETAIL	\$6.26	\$1	9.36
5 Review and Submit	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 w receive dental coverage through a collective bargaining agreeme and Value plans. Participation in either dental plan automatically and any dependents you cover in vision coverage. Both plans feat basic design, but under the Value plan you pay more for some ser receive care from out-of-network providers. • Preventive services (extractions, fillings, root canals, etc.) covered at classic services (extractions, fillings, root canals, etc.) covered at classic services (extractions, fillings, root canals, etc.) covered at classic services (extractions, fillings, root canals, etc.) covered at	P Mo do not th: the Classic enrolls you ure the same vices when you 80% / Value	an Resources lore Details nd a Provider	
			Previous	Save and Ne

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.

New Hire Enrollment *Represents all the required fields. Ma	ake sure to click on Save And Next to save data.	Can	cel Application Save and Exit	dental/vision plan.
Getting Started Personal Information Plan Selection 3.1 Life Insurance 2.3 Marithe	Plan Selection 3.3 - Dental/Vision Available Dental/Vision Plans Where you live determines which insurance plans you may enroll in.		PREMIUM TOTAL \$661.49 View details	Note : The Effective Date for the dental/vision plan will be auto-calculated and filled in based
3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability 4 Documents 5 Review and Submit	SELECT CARRIERNAME Image: Constraint of the second seco	INDIVIDUAL \$6.26 \$4.64	FAMILY \$19.36 \$14.32	the applicant's hire date.
	*What kind of plan would you like to enroll in?	ſ		

New Hire Enrollment *Represents all the required fields. Ma	ke sure to click on S	Save And Next to save data.		Cance	Application Save and Ex	plan type.
Getting Started	SELECT	CARRIER NAME		INDIVIDUAL	FAMILY	
Personal Information		MetLife Classic - Indemnity Plan VIEW DETAIL		\$6.26	\$19.36	Applicants must:
3 Plan Selection3.1 Life Insurance		MetLife Value - PPO Plan <u>VIEW DETAIL</u>		\$4.64	\$14.32	Select the kind of plan they would
3.2 Health 3.3 Dental/Vision		Opt out of Dental/Vision Plan				like to enroll in: Individual or
3.4 Long Term DisabilityDocuments	Effective D	Pate YYYY				Family.
Review and Submit	* What kin	d of plan would you like to enroll in? Iual OF Family				Applicants who select Family must scro
	Dental F Click here	Plan Dependents for required documents information all of the dependents that you would like to	he added to your family pla	n		down to the Dental Plan Dependents
	NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	ACTION	section and:
	+ Add a	Dependent				Click Add a Dependent

My GICLink		Home Bene	fits My Profile Re	esources JOHN S
New Hire Enrollment "Represents all the required fields. Mak	e sure to click on Save And Next to save data.		Cancel Ap	Save and Exit
Getting Started	dd a Dependent			FAMILY \$19.36
3 Plan Selection F 3.1 Life Insurance	Please Note : If you want a dependent to be on both o the Health plan first.	your Health plan and your Dental pla	an, add the dependent	\$14.32
3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability (4) Documents (5) Review and Submit	uose an existing Dependent	OR Add New		
]	Cancel Add	
	NAME DATE OF BIRTH	Gender	RELATIONSHIP	ACTION
	+ Add a Dependent			
F Chat			Pre	vious 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.

New Hire Enrollment "Represents all the required fields. Ma	ike sure to click on Save And Next to save	e data.		Cancel Ap	Save and Ex	Applicants must:
 Getting started Personal Information Plan Selection Life Insurance Life Insurance Health 3.Dental/Vision 4. Long Term Disability Getting Serview and Submit 	Opt out of Dental/ Effective Date MM/DD/YYY 'What kind of plan would you I Individual Family Dental Plan Dependent: Click here for required docume Please add all of the dependents	Vision Plan ike to enroll in? S © hts information that you would like to be a	ided to your family plan	X		 Review their dependent's details. Click Save and Next to proceed.
	JANE SAMPLE + Add a Dependent	DATE OF BIRTH 1/1/1991	GENDER Female	RELATIONSHIP	ACTION View Edit Remove	
Chat				Pre	Save and Ne	

3.4: Long Term Disability

 Getting Started Personal Information Plan Selection 3.4 - Long Term Disability Plan Selection 3.4 - Long Term Disability Allife Insurance 3.2 Health 3.3 Dental/Vision 3.4 Long Term Disability Contract Contract<	 Getting Started Personal Information Pens Selection 3.4 - Long Term Disability Pens Selection 3.4 - Long Term Disability Disability Cog Term Disability Alting Term Disability Alting Term Disability Cog term Disability Option of Long Term Disability Seview and Submit Pensonal Information Pensonal Information Setting Started <ps< th=""><th>New Hire Enrollment *Represents all the required fields. Ma</th><th>xe sure to click on Save And Next to save data.</th><th>Cancel Application Save and Exit</th><th>Selection.</th></ps<>	New Hire Enrollment *Represents all the required fields. Ma	xe sure to click on Save And Next to save data.	Cancel Application Save and Exit	Selection.
		 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 3.4 - Long Term Disability Long Term Disability All Eligible employees can apply for LTD coverage during Annual Enrollment or at SELECT CARRIER NAME MetLife LTD VIEW DETAIL Opt out of Long Term Disability	PREMIUM TOTAL \$680.85 View details any time during the year.	 Applicants will be prompted to read and select a long-term disability Applicants must: Click View Detail to review plan details.

My GICLink New Hire Enrollment "Represents all the required fields. Make sure to click on s	Home Benefits Save And Next to save data.	My Profile Resources JOHN S	 Applicants must: Click About for an overview of the selected long-term disability
 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 About the provided in the p	Plan Selection 14 - Long Term Disability rm Disability remployees can apply for LTD coverage during Annual Enrollment or at any t CABBIER NAME MONTHOUSE MetLife LTD HIDE DETAIL S5.50 DOT DETAIL CONSTRUCTION OF A DETAI	PREMIUM TOTAL \$680.85 View details ine during the year.	 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.

to click on Save And Next to save data. Plan Selection 3.4 - Long Term Disability All Eligible employees can apply for LTD covera SELECT CARRIER NAME MetLife LTD VIEW DETAIL Oft out of Long Term Disability Effective Date MM/DD/YYYY	Cancel Application Save and Exit PREMIUM TOTAL \$686.35 View details uring Annual Enrollment or at any time during the year. MONTHLY PREMIUMS \$5.50
	Previous Save and Next

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

Sï

- 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.

finished, applicants must:

Click Save and Next to continue to the Documents section.

Step 4: Documents

•				
My GICLink		Home Benefits My Profile Res	ources JOHNS	Applicants will be directed to the Documents section.
New Hire Enrollment *Represents all the required fields. Make	e sure to click on Save And Next to	o save data.	lication Save and Exit	
 Getting Started Getting Started Personal Information Plan Selection Documents Review and Submit 	Level of click of same and Next (b) See the table below dependent. Dependents Click here for Required Doc DEPENDENT NAME RELATIONSHIP Dependent under 19 Dependent 19-26 Full-Time Student	A A A A A A A A A A A A A A A A A A A	rtion status tew/Upload	 Applicants must: Click View/Upload to upload the required documents to enroll dependents.
Chat	Напокаррев Dependent	andication is remined and a completed andication may be mailed constrained by Prev	ious Save and Next	

My GICLink	Home Benefits My Profile Resources JOHN S	Applicants must:Click Upload Files to upload the
New Hire Enrollment *Represents all the required for Contemporal end of the second o	Save and Exit Save and Exit Upload Documents You can upload one or multiple documents Upload Files Or drop files Upload Files Or drop files All Documents Variable documents for the dependent JANE DOCUMENT NAME TYPE DOCUMENT	required document(s).
F Chat	Dependent 19-26 Birth Certificate, Adoption, Court order, Guardianship Document Previous Save and Next	

"Represents all the required field	Make sure to click on Save And Next to save data. Cancel Applipation Save and Exit.	
Getting Started	Documents View/Upload	
 Personal Information Plan Selection Documents 	Upload Documents You can upload one or multiple documents	4
5 Review and Submit	Upload Files	
	1 of 1 file uploaded No documents found for the dependent. Suncement (Newform	
i	Cancel	
I	Full-Time Student Birth Certificate, Adoption, Court order, Guardianship Document	

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 GIC Link		Home Benefits My Profile	Resources JOHNS	Upon a successful upload, the Status will display a green checkmark.		
New Hire Enrollment Represents all the required fields. Make Getting Started Personal Information Plan Selection Documents Review and Submit 	Sure to click on Save And Next to Dependents Click here for Required Do DePENDENT NAME RELATIONSHIP Dependent under 19 Dependent 19-26 Full-Time Student Handicapped Dependent Spouse	o save data. Cance councets Information REATIONSHIP PLAN CONSUME TYPE Spouse Harvard Pilgrim Explorer, MetLife Classic - Indemnity Plan Health, Dental/Vision tts DOCUMENT TYPE Birth Certificate, Adoption, Court order, Guardianship Document, or Hospital I Only Dirth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document Birth Certificate, Adoption, Court order, Guardianship Document must be to application may be mailed separately to application to application may be mailed separately to application to a	el Application Save and Exit	Applicants must: • Click Save and Next to proceed to the final section.		
:hat			Previous Save and Next			

Step 5: Review and Submit Applicants will be directed to the My GICLink JOHN S 🤦 Benefits My Profile Resources Home Review and Submit section and must: New Hire Enrollment **Cancel Application** Review all their selections. *Represents all the required fields. Make sure to click on Save And Next to save data. Personal Information \sim Getting Started Note: Applicants must click the Update Personal Information **Enrollee Information** Plan Selection Personal Information button to edit the Full Name Date of Birth Gender JOHN SAMPLE 1/1/1990 Male Documents Social Security Number Base Salary Reference ID information in this section. 5 Review and Submit 1A2B3C4D XXX-XX-1234 \$60,000.00 **Contact Information** Home Address Mailing Address 2 PORTAL WAY BOSTON MA 02115 2 PORTAL WAY BOSTON MA 02115 USA 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** Previous Submit 😑 Chat

Page 45 of 50

WyGICLink New Hire Enrollment 'Represents all the required fields. Make su	rre to click on Save And N	Next to save data.	Home	e Benefits My Profi	le Resources JOHN ancel Application Save	IS and Exit	Applicants must:Click the arrow available on the accordion to expand and review
Getting Started	Life Insurance					\sim	their plan selections in each
Personal Information	Basic Life Inst	urance					
Plan Selection	PLAN NAME	c	OVERAGE AMOUNT	MONTHLY PREMIUM	EFFECTIVE DATE		section of the application.
Ocuments	MetLife Basi View Detail	icLife \$	\$5,000.00	\$1.59	MM/DD/YYYY		
5 Review and Submit	Optional Life	COVERAGE TYPE	COVERAGE AMOUNT	MONTHLY PREMIUM	EFFECTIVE DATE		button for editing information within
	No Life Insurance If all designated NAME JANE SAMP	Fixed (\$10,000) e Beneficiaries I beneficiaries die befi	\$10,000.00 ore you, life insurance paym RELATIONSHIP SPOUSE	\$0.40 hent will be made according to DATE OF BIRTH 1/1/1991	MM/DD/YYYY the terms of your policy. PERCENTAGE 100%		that specific section.
hat					Previous	Submit	

<page-header> Image: A provide a strategy of the provide strategy of the provide a strategy of the provide strategy of the provide a strategy of the provide strategy of the prov</page-header>	 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.
--	---

My GICLink New Hire Enrollment 'Represents all the required fields. Make	Home Benefits My Profile Resources JOHN 5	A confirmation pop-up window will appear on the page.
 Getting Started Personal Information Plan Selection Documents Review and Submit 	Attestation Certify that I checked my health plan's online provider directory and my doctors, hospitals within the network may change during the very and if my provider is no longer available, my health insurance carrier will help ne find an anxene understand that doctors and hospitals within the network may change during the very and if my provider is no longer available, my health plansance carrier will help ne find an anxene understand that my doctor, nospital leaving a network is no ta qualifying event to change health plan. If curtify that these read and account due the above attestation More you sure you want to submit the application? You will not be able to update your application once it has been submitted. No Very Very Very Very	Applicants must: • Click Yes .
Chat	Previous Submit	

Getting Started Personal Information	Review and Submit		Premium Total View details	\$686.35
 Plan Selection Documents Review and Submit 	Success! Your New Hire Enrollment Ap Please keep the case number	pplication has been successfully submitted. for your reference - 00130672	_	Print
	Personal Information			~
	Enrollee Information Full Name JOHN SAMPLE Social Security Number XXX-XX-1234	Date of Birth 1/1/1990 Base Salary \$60,000.00	Gender Male Reference ID 1A2B3C4D	
	Contact Information Home Address 2 PORTAL WAY BOSTON MA 02115 USA	Mailing Address 2 PORTAL WAY BOSTON MA 02115 USA		
				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 Application(s)	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		

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