



**Retired Municipal Teachers (RMT)  
Annual Enrollment Application  
User Guide**





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## Introduction

This Retired Municipal Teachers (RMT) Annual Enrollment Application user guide is intended to assist RMTs (applicants) with step-by-step instructions for starting an RMT Annual Enrollment Application.

## RMT Annual Enrollment Application Steps

A screenshot of the MyGICLink website's login page. The page features the MyGICLink logo in the top left corner and a "Register" button in the top right corner. The main content area is a light blue box with the heading "Login" and a sub-heading "Login to view important benefits details, view resources, pay your bill, or update your existing GIC Benefit." Below this, there are two input fields: "Email" and "Password", each with a "Forgot" link next to it. At the bottom of the box is a large blue "Login" button, which is highlighted with a red rectangular border.

To complete the Annual Enrollment Application, applicants must:

- Log into MyGICLink.
- Enter email and password.
- Click **Login**.



MyGICLink

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

**Annual Enrollment Period**  
GIC Annual Enrollment is going on NOW: MM/DD 12:00 AM - MM/DD 11:59 PM

[Get Started](#)

Welcome to your Benefits Dashboard  
John M Sample

**ENROLLMENT STATUS**  
Enrolled

**PLEASE NOTE**  
You can view your current benefits by clicking on the Benefits tab.

**MY NOTIFICATIONS**  
You do not have any notifications at this time.

**My Application(s)**  
You do not have any applications in progress at this time.

- Click on the **Get Started** button on the Annual Enrollment Period banner.



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### Annual Enrollment

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

- 1 Getting Started
- 2 Personal Information
- 3 Plan Selection
- 4 Documents
- 5 Review and Submit

#### Getting Started

If you are a retired teacher from a city, town or school district whose municipality has elected to participate in the GIC's RMT program and will be receiving a pension from the Massachusetts Teachers Retirement System (MTRS), you are eligible to apply for GIC benefits. If you do not elect benefits at retirement, you may apply for GIC benefits during the GIC's annual enrollment, or within 60 days of a qualifying status change (examples include marriage, divorce, or involuntary loss of other coverage).

#### Basic Life

You can enroll in or continue Basic Life Insurance in the amount designated by your municipality and designate your life insurance beneficiaries. You must be enrolled in Basic Life to be eligible for health and insurance benefits.

#### Health

You may apply to update your GIC benefits within 60 days of a qualifying event or during Annual Enrollment. If enrolling eligible dependents in GIC health insurance for the first time, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a newly enrolled dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your health plan. For a newborn only, the Social Security Number can be provided later.

#### Medicare

You may apply to update your GIC health benefits within 60 days of a qualifying event or during Annual Enrollment. If you are enrolled in a GIC health plan and you and/or your spouse are age 65 or older and Medicare eligible, you and/or your spouse will be required to enroll in Medicare Part A (for free) and Part B with the Social Security Administration and elect a GIC Medicare Plan in accordance with state law. Failure to enroll in a GIC Medicare Plan will result in termination of your GIC health plan. If you and/or your spouse are not Medicare eligible, proof of ineligibility from the Social Security Administration will be required.

#### GIC Dental

You can enroll in GIC Retiree Dental Plan within 60 days of a qualifying event or during Annual Enrollment. If enrolling eligible dependents in the GIC Retiree Dental Plan for the first time, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a newly enrolled

The applicants will be directed to the **Annual Enrollment** application.

Applicants must complete all required prompts and actions for the steps listed on the navigation menu.

1. Getting Started
2. Personal Information
3. Plan Selection
4. Documents
5. Review and Submit



## Step 1: Getting Started

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### Annual Enrollment

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

- Getting Started**
- Personal Information
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**Health**

You may apply to update your GIC benefits within 60 days of a qualifying event or during Annual Enrollment. If enrolling eligible dependents in GIC health insurance for the first time, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a newly enrolled dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your health plan. For a newborn only, the Social Security Number can be provided later.

**GIC Dental**

You can enroll in GIC Retiree Dental Plan within 60 days of a qualifying event or during Annual Enrollment. If enrolling eligible dependents in the GIC Retiree Dental Plan for the first time, you must provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you include as a newly enrolled dependent with your enrollment. If you do not provide required documentation your dependents will not be eligible for coverage. Social Security Numbers must be provided for each dependent enrolling in your dental plan. For a newborn only, the Social Security Number can be provided later.

If you would like to enroll in or update your GIC benefits? Click Next below  
If you would like to view your current benefits please navigate to "Benefits" page or [click here](#)

**NEXT**

To begin the application, applicants can:

- Review the information on the **Getting Started** page.
- Scroll down and click **NEXT** to proceed.



## Step 2: Personal Information

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Annual Enrollment

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

Cancel Application Save 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 John M Sample	DATE OF BIRTH 1/1/1956	GENDER Male
SOCIAL SECURITY NUMBER *****1234	REFERENCE ID 1A2B3C4D	

**Contact Information**

HOME ADDRESS 2 Portal Way Boston MA 02115 United States	MAILING ADDRESS 2 Portal Way Boston MA 02115 United States
MOBILE PHONE 123-456-7890	EMAIL sample1@example.com

\* Is the information listed above accurate?  
 Yes  No

Previous Save and Next

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

- Review and confirm their personal information.

If the information is accurate, applicants must:

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



## Step 3: Plan Selection

Annual 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 GIC Dental  
4 Documents  
5 Review and Submit

Plan Selection  
3.1 - Life Insurance

PREMIUM TOTAL  
\$0.76 View details

Basic Life Insurance

Your Current Plan

CARRIER NAME	COVERAGE AMOUNT	MONTHLY PREMIUMS
MetLife Basic Life <a href="#">View Detail</a>	\$2,000	\$0.76

\*Would you like to continue with your current Basic Life Insurance Plan?  
 Yes  No

Your Life Insurance Beneficiaries  
Please designate beneficiary(s) to your GIC Life Insurance Plan.

Primary Beneficiaries

NAME	RELATIONSHIP	PERCENTAGE	ACTION
Jane Sample	Spouse	100.00	<a href="#">View</a>

Applicants will be directed to the **Basic Life Insurance** section under **Life Insurance**. This page displays **Your Current Plan** with monthly premiums.

Applicants can:

- Select **Yes** to continue with the current Basic Life Insurance.

**Note:** If applicants select **No** to Basic Life Insurance, their Health Insurance will be canceled.



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Annual 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 GIC Dental  
Documents  
Review and Submit

\*Would you like to continue with your current Basic Life Insurance Plan?  
 Yes  No

Your Life Insurance Beneficiaries  
Please designate beneficiary(s) to your GIC Life Insurance Plan.

Primary Beneficiaries

NAME	RELATIONSHIP	PERCENTAGE	ACTION
Jane Sample	Spouse	100.00	<a href="#">View</a>
Total Allocation		100%	

\*Would you like to update beneficiaries for your Life Insurance plan(s)?  
 Yes  No

Previous Save and Next

Upon completing the Life Insurance selection, applicants can:

- Select **No** to proceed with the existing beneficiaries.
- Click **Save and Next** to proceed.

**Note:** If applicants select **Yes**, the existing beneficiaries will be revoked, and they will have the option to add new beneficiaries.



Annual 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 GIC Dental

4 Documents

5 Review and Submit

**Plan Selection**  
3.2 - Health Insurance

PREMIUM TOTAL  
**\$0.76** [View details](#)

**Health Insurance**  
Note: Where you live determines which health insurance plans you may enroll in.

Your Current Plan

CARRIER NAME	INDIVIDUAL
Tufts Health Plan Medicare Complement <a href="#">View Detail</a>	\$60.72*

\*Would you like to continue with your current Health Insurance plan?

Yes  No

\*What would you like to do?

Switch to a New Plan  Buy-Out Program  Cancel

Previous Calculate Health Premium Save and Next

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

This page displays **Your Current Plan** with your monthly premiums.

Applicants can:

- Select **No** to switch to a new plan, opt for Buy-out Program or Cancel their current Health Insurance Plan.

**Note:** If applicants select **Yes**, they will continue with their current Health Insurance Plan.



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### Annual 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 GIC Dental
- Documents
- Review and Submit

Tufts Health Plan Medicare Complement \$60.72\* [View Detail](#)

\*Would you like to continue with your current Health Insurance plan?  
 Yes  No

\*What would you like to do?  
 Switch to a New Plan  Buy-Out Program  Cancel

Available Medicare Plans  
Select a GIC Medicare Plan below.

SELECT	CARRIER NAME	MONTHLY PREMIUM
<input checked="" type="radio"/>	Harvard Pilgrim Medicare Enhance <a href="#">VIEW DETAIL</a>	\$63.41
<input type="radio"/>	Health New England Medicare Supplement Plus <a href="#">VIEW DETAIL</a>	\$64.35
<input type="radio"/>	Tufts Health Plan Medicare Preferred <a href="#">VIEW DETAIL</a>	\$51.66
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) w/o CIC <a href="#">VIEW DETAIL</a>	\$60.12
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <a href="#">VIEW DETAIL</a>	\$71.44

Applicants can:

- Select **Switch to a New Plan**.

To select a plan, applicants must:

- Select the box next to the desired health plan.

**Note:** If applicants select the **Buy-Out** program, they will see a pop-up window for the Buy-Out application.

**Note:** If applicants select **Cancel**, their Health Insurance will be canceled.



MyGICLink Home Benefits My Profile Resources John S

Annual Enrollment  
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Getting Started  
Personal Information  
Plan Selection  
3.1 Life Insurance  
3.2 Health  
3.3 GIC Dental  
Documents  
Review and Submit

<input type="radio"/>	<a href="#">VIEW DETAIL</a>	
<input type="radio"/>	Tufts Health Plan Medicare Preferred <a href="#">VIEW DETAIL</a>	\$51.66
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) w/o CIC <a href="#">VIEW DETAIL</a>	\$60.12
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <a href="#">VIEW DETAIL</a>	\$71.44

Dependents

Dependents Under 65 or Dependents 65 and Older Not Eligible for Medicare  
\* Are you enrolling any dependents who are under age 65 or 65 and older and NOT ELIGIBLE for Medicare?  
 Yes  No

Dependents 65 and Older Eligible for Medicare  
\* Are you enrolling any dependents who are 65 and older and are ELIGIBLE for Medicare?  
 Yes  No

Previous Calculate Health Premium Save and Next

Scroll down to the **Dependents** section.

Applicants can:

- Click **No** to proceed without adding dependents.
- Click the **Calculate Health Premium**.

**Note:** If applicants select **Yes** to dependents' questions, they can add dependents.



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Annual Enrollment  
\*Represents all the required fields. Make sure to click on Save And Next to save data. Cancel Application Save and Exit

Plan Selection  
3.2 - Health Insurance

PREMIUM TOTAL  
\$64.17 [View details](#)

Health Insurance  
Note: Where you live determines which health insurance plans you may enroll in.

Your Current Plan

CARRIER NAME	INDIVIDUAL
Tufts Health Plan Medicare Complement <a href="#">View Detail</a>	\$60.72*

\*Would you like to continue with your current Health Insurance plan?  
 Yes  No

\*What would you like to do?  
 Switch to a New Plan  Buy-Out Program  Cancel

Available Medicare Plans  
Select a GIC Medicare Plan below.

SELECT	CARRIER NAME	MONTHLY PREMIUM
<input checked="" type="radio"/>	Harvard Pilgrim Medicare Enhance <a href="#">VIEW DETAIL</a>	\$63.41
<input type="radio"/>	Health New England Medicare Supplement Plus <a href="#">VIEW DETAIL</a>	\$64.35
<input type="radio"/>	Tufts Health Plan Medicare Preferred <a href="#">VIEW DETAIL</a>	\$51.66
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) w/o CIC <a href="#">VIEW DETAIL</a>	\$60.12
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <a href="#">VIEW DETAIL</a>	\$71.44

Dependents

Dependents Under 65 or Dependents 65 and Older Not Eligible for Medicare  
\*Are you enrolling any dependents who are under age 65 or 65 and older and NOT ELIGIBLE for Medicare?  
 Yes  No

Dependents 65 and Older Eligible for Medicare  
\*Are you enrolling any dependents who are 65 and older and are ELIGIBLE for Medicare?  
 Yes  No

Previous Calculate Health Premium Save and Next

Upon clicking the Calculate Health Premium button, **PREMIUM TOTAL** can be viewed at the top of the page.

Applicants can:

- Click **View details** to view the premium breakdown.



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### Annual 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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<input type="radio"/>	<a href="#">VIEW DETAIL</a>	
<input type="radio"/>	Tufts Health Plan Medicare Preferred	\$51.66
<input type="radio"/>	<a href="#">VIEW DETAIL</a>	
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) w/o CIC	\$60.12
<input type="radio"/>	<a href="#">VIEW DETAIL</a>	
<input type="radio"/>	UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC	\$71.44
<input type="radio"/>	<a href="#">VIEW DETAIL</a>	

#### Dependents

Dependents Under 65 or Dependents 65 and Older Not Eligible for Medicare

\* Are you enrolling any dependents who are under age 65 or 65 and older and NOT ELIGIBLE for Medicare?

Yes  No

Dependents 65 and Older Eligible for Medicare

\* Are you enrolling any dependents who are 65 and older and are ELIGIBLE for Medicare?

Yes  No

Previous Calculate Health Premium **Save and Next**

- Scroll down and click **Save and Next** to proceed.



Annual 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  
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3.3 GIC Dental  
Documents  
Review and Submit

Plan Selection  
3.3 - GIC Dental

PREMIUM TOTAL  
\$92.96 View details

GIC Dental Insurance

Your Current Plan  
Choose one of the options below to select a new plan or to keep your current plan.

CARRIER NAME	MONTHLY PREMIUMS
MetLife GIC Retiree Dental Plan <a href="#">View Detail</a>	\$28.79 (Individual)

\*Would you like to continue with your current GIC Dental Insurance plan?  
 Continue  Cancel

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

Previous Save and Next

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

Applicants can:

- Click **Continue** to proceed with the current GIC Dental plan.

**Note:** If applicants select **Cancel**, their GIC Dental Insurance plan will be canceled.



Annual Enrollment

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Cancel Application Save and Exit

Getting Started  
Personal Information  
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3.1 Life Insurance  
3.2 Health  
3.3 GIC Dental  
Documents  
Review and Submit

**Plan Selection**  
3.3 - GIC Dental

PREMIUM TOTAL  
**\$92.96** [View details](#)

**GIC Dental Insurance**

Your Current Plan  
Choose one of the options below to select a new plan or to keep your current plan.

CARRIER NAME	MONTHLY PREMIUMS
MetLife GIC Retiree Dental Plan <a href="#">View Detail</a>	\$28.79 (Individual)

\*Would you like to continue with your current GIC Dental Insurance plan?  
 Continue  Cancel

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

Previous Save and Next

Applicants can choose either an Individual or Family plan.

- Choose **Individual**.

**Note:** If applicants choose **Family**, they will have the option to add dependents.

- Click **Save and Next** to proceed.



## Step 4: Documents

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**Annual 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

**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
No documents are required.				

**Document requirements**

RELATIONSHIP	DOCUMENT TYPE
Dependent under 19	Birth Certificate, Adoption, Court order, Guardianship Document, or Hospital Birth announcement (Newborn Only)
Dependent 19-26	Birth Certificate, Adoption, Court order, Guardianship Document
Full-Time Student	Birth Certificate, Adoption, Court order, Guardianship Document
Handicapped Dependent	Birth Certificate, Adoption, Court order, Guardianship Document, <a href="#">Handicapped Dependent application</a>
Spouse	Marriage Certificate
Former Spouse	Divorce Decree

Previous Save and Next

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

- Click **Save and Next** to proceed.

**Note:** Documents are not required if applicants didn't add new dependents.



## Step 5: Review and Submit

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**Annual 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**

**Review and Submit**  
Please review the information that you have entered for accuracy. If you would like to make any changes to a section, click the update button. **Premium Total** \$92.96 [View details](#)

**Personal Information**

**Enrollee Information**

Full Name	Date of Birth	Gender	Social Security Number
John M Sample	1/1/1956	Male	XXX-XX-1234

Reference ID: 1A2B3C4D

**Contact Information**

Home Address 2 Portal Way Boston MA 02115 United States	Mailing Address 2 Portal Way Boston MA 02115 United States
Mobile Phone 123-456-7890	Email sample1@example.com

[Update Personal Information](#)

Life Insurance >

Health Insurance >

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

- Review all the selections.

**Note:** Applicants must click the arrow available on the accordion to expand and review each section of the application.





The screenshot shows the MyGICLink Annual Enrollment interface. The top navigation bar includes 'Home', 'Benefits', 'My Profile', 'Resources', and 'John S'. The main heading is 'Annual Enrollment' with a note: '\*Represents all the required fields. Make sure to click on Save And Next to save data.' Below this is a progress indicator with five steps: 'Getting Started', 'Personal Information', 'Plan Selection', 'Documents', and 'Review and Submit' (the current step). The main content area shows three insurance options: 'Life Insurance', 'Health Insurance', and 'GIC Dental'. A 'Confirm Submission' pop-up window is centered on the screen, asking 'Are you sure you want to submit the application? You will not be able to update your application once it has been submitted.' The 'Yes' button is highlighted with a red box. Below the pop-up, there is a checkbox for 'I certify that I have read and acknowledge the above attestation', followed by 'Full Name' (John M Sample) and 'Date' fields. At the bottom of the pop-up, there is a text input field for '\*Enter Your Full Name' (John M Sample) and 'Previous' and 'Submit' buttons.

A confirmation pop-up will appear on the page.

Applicants must:

- Click **Yes**.



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

- Getting Started
- Personal Information
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- 5 Review and Submit**

**Review and Submit** Premium Total \$92.96 [View details](#)

**Success!**  
Your Annual Enrollment Application has been successfully submitted.  
Please keep the case number for your reference - 00125942 [Print](#)

**Personal Information**

**Enrollee Information**

Full Name	Date of Birth	Gender	Social Security Number
John M Sample	1/1/1956	Male	XXX-XX-1234

Reference ID  
1A2B3C4D

**Contact Information**

Home Address	Mailing Address
2 Portal Way Boston MA 02115 United States	2 Portal Way Boston MA 02115 United States

Mobile Phone	Email
123-456-7890	sample1@example.com

A success message will appear on the page notifying the applicant that the Annual Enrollment application has been successfully submitted.

**Note:** Applicants must keep this case number for their reference.