



Surviving Spouse Annual Enrollment Application User Guide





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Introduction

This Surviving Spouse Annual Enrollment Application user guide is intended to assist surviving spouses (applicants) with step-by-step instructions for starting an Annual Enrollment Application.


Surviving Spouse Annual Enrollment Application Steps


A screenshot of the MyGICLink website's login page. The page has a light blue header with the MyGICLink logo on the left and a "Register" button on the right. The main content area is white and contains a light blue box with the heading "Login". Below the heading is a subheading: "Login to view important benefits details, view resources, pay your bill, or update your existing GIC Benefit." There are two input fields: one for "Email" and one for "Password", both with red asterisks indicating they are required. To the right of the "Email" field is a blue link "Forgot email?". To the right of the "Password" field is a blue link "Forgot password?". At the bottom of the box is a large blue button with the word "Login" in white, which is highlighted with a red rectangular border.

To complete the Annual Enrollment Application, applicants must:

- Login to MyGICLink.
- Enter email and password.
- Click **Login**.





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Annual Enrollment Period
GIC Annual Enrollment is going on NOW: Tuesday, January 3 12:00 AM - Friday, March 31 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.



MyGICLink

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Annual Enrollment

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

1Getting Started

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Getting Started

Surviving spouses of deceased employees or retirees who were enrolled in GIC benefits the time of the insureds' death may elect only Health Coverage and GIC Retiree Dental coverage (if applicable) until remarriage. Surviving Spouses who are eligible for GIC benefits as an employee or retiree are not eligible for survivor coverage. Divorced or legally separated spouses are not surviving spouses and are not eligible for surviving spouse benefits plan. Surviving Spouses who receive a survivor pension must have their GIC premiums deducted from their pension. Eligible surviving spouses who do not receive a survivor pension will be billed for their GIC benefits.

Health

As surviving spouse you may continue your GIC health benefits provided you have not remarried and the required monthly premium is paid. While enrolled, you may apply to add or remove dependents, or cancel your health plan within 60 days of a qualifying event or during Annual Enrollment. If adding a dependent for the first time due to a qualifying event or during Annual Enrollment, you must provide a copy of a birth certificate or hospital announcement letter (newborns only) or certificate of appointment as legal guardian for each person you include as a dependent with your application. If you do not provide required

Medicare

If you are enrolled in a GIC health plan and you are age 65 or older and Medicare eligible, you 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 are not Medicare eligible, proof of ineligibility from the Social Security Administration will be required.

GIC Dental



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.

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premium is paid. While enrolled, you may apply to add or remove dependents, or cancel your health plan within 60 days of a qualifying event or during Annual Enrollment. If adding a dependent for the first time due to a qualifying event or during Annual Enrollment, you must provide a copy of a birth certificate or hospital announcement letter (newborns only) or certificate of appointment as legal guardian for each person you include as a dependent with your application. 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.

Part A (for fees) 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 are not Medicare eligible, proof of ineligibility from the Social Security Administration will be required.

GIC Dental

You can continue or apply to enroll in GIC's Retiree Dental Plan. If enrolling eligible dependents in the GIC Retiree Dental Plan for the first time, you must provide a copy of a birth certificate or hospital announcement letter (newborns only) or certificate of appointment as legal guardian for each person you include as a newly enrolled dependent with your application. 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 ApplicationSave and Exit

Getting Started

2 Personal Information

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Enrollee Information

FULL NAME	DATE OF BIRTH	GENDER
John M Sample	1/1/1965	Male
SOCIAL SECURITY NUMBER	REFERENCE ID	
*****1234	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

* Is the information listed above accurate?

☒ Yes☐ No

PreviousSave 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

MyGICLink

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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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3 Plan Selection

3.1 Health

3.2 GIC Dental

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5 Review and Submit

Plan Selection

3.1 - Health Insurance

PREMIUM TOTAL
\$0.00 View details

Health Insurance

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

Your Current Plan

CARRIER NAME	INDIVIDUAL	FAMILY
Unicare State Indemnity Plan/PLUS (Family) View Detail	\$80.90	\$193.30*

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

☐ Yes ☒ No

* What would you like to do?

☐ Switch to a New Plan ☐ Cancel

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 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

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

*What would you like to do?
☒ Switch to a New Plan ☐ Cancel

Available Health Plans
Select a GIC Health Plan below.

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input type="radio"/>	AllWays Health Partners Complete HMO VIEW DETAIL	\$84.19	\$220.50
<input checked="" type="radio"/>	Harvard Pilgrim Independence Plan VIEW DETAIL	\$103.29	\$252.71
<input type="radio"/>	Harvard Pilgrim Primary Choice Plan VIEW DETAIL	\$74.45	\$190.39
<input type="radio"/>	Tufts Health Plan Navigator VIEW DETAIL	\$88.85	\$217.66

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 **Cancel**, 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

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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

Health Insurance Dependents
[Click here for required documents information](#)

NAME	INSURANCE PLAN	RELATIONSHIP	DATE OF BIRTH	ACTION
Jim Sample	Harvard Pilgrim Independence Plan	Dependent 19-26	1/1/2001	View Edit Remove

+ Add a Dependent

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

Scroll down to the **Dependents** section.

Applicants can:

- Click **Yes** to proceed with enrolling dependents.

Upon selecting Yes, any enrolled dependent(s) will appear on the page. Applicants can proceed with the enrolled dependent(s) or add new dependents by clicking **Add a Dependent** button.



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Annual 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

3Plan Selection

3.1 Health

3.2 GIC Dental

4Documents

5Review and Submit

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

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

☒ Yes☐ No

Health Insurance Dependents

[Click here for required documents information](#)

NAME	INSURANCE PLAN	RELATIONSHIP	DATE OF BIRTH	ACTION
Jim Sample	Harvard Pilgrim Independence Plan	Dependent 19-26	1/1/2001	View Edit Remove

+ Add a Dependent

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

Note: If applicants select **No** to dependents' questions, they can proceed without adding dependents.

- Click the **Calculate Health Premium**.



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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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Review and Submit

Plan Selection

3.1 - Health Insurance

PREMIUM TOTAL

\$252.71

View details

Health Insurance

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

Your Current Plan

CARRIER NAME	INDIVIDUAL	FAMILY
Unicare State Indemnity Plan/PLUS (Family) View Detail	\$80.90	\$193.30*

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

Yes

No

*What would you like to do?

Switch to a New Plan

Cancel

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

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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

Health Insurance Dependents

[Click here for required documents information](#)

NAME	INSURANCE PLAN	RELATIONSHIP	DATE OF BIRTH	ACTION
Jim Sample	Harvard Pilgrim Independence Plan	Dependent 19-26	1/1/2001	View Edit Remove

[+ Add a Dependent](#)

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.



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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

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Plan Selection
3.2 - GIC Dental

PREMIUM TOTAL
\$252.71 [View details](#)

GIC Dental Insurance

Available Dental Plans
Choose one of the options below to select a new plan

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input checked="" type="radio"/>	MetLife GIC Retiree Dental Plan VIEW DETAIL	\$28.79	\$69.36
<input type="radio"/>	Opt out of Retiree Dental		

*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 **Available Dental Plans** with monthly premiums.

Applicants can:

- Select a **Dental Plan** from the Available Dental Plans.

Note: If applicants select **Opt out of Retiree Dental**, they can proceed without enrolling in a Retiree Dental plan.



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Cancel Application

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Review and Submit

Choose one of the options below to select a new plan

SELECT	CARRIER NAME	INDIVIDUAL	FAMILY
<input checked="" type="radio"/>	MetLife GIC Retiree Dental Plan VIEW DETAIL	\$28.79	\$69.36
<input type="radio"/>	Opt out of Retiree Dental		

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

☐ Individual ☒ Family

Dependents

Your GIC 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	RELATIONSHIP	DATE OF BIRTH	ACTION
No Dependents added.			

+ Add a Dependent

Applicants can choose either Individual or Family plan.

- Choose **Family**.
- Click **Add a Dependent** to enroll dependents.

Note: If applicants choose **Individual**, they can proceed without enrolling dependents.

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A screenshot of the MyGICLink website showing the 'Add a Dependent' pop-up window. The background is the 'Annual Enrollment' page with a sidebar menu containing 'Getting Started', 'Personal Information', 'Plan Selection' (highlighted), '3.1 Health', '3.2 GIC Dental', 'Documents', and 'Review and Submit'. The pop-up window has a title bar with a close button (X). The main heading is 'Add a Dependent' with the instruction 'Please select a dependent from the list below or click 'Add New' to add new dependent.' Below this, there are two options: 'Choose an existing Dependent' and 'Add New'. The 'Choose an existing Dependent' option is highlighted with a red rectangle and contains a dropdown menu labeled 'Select Dependent' with a list item 'Jim Sample'. The 'Add New' button is a blue button. At the bottom of the pop-up, there are 'Add' and 'Cancel' buttons. Below the pop-up, a table with columns 'NAME', 'RELATIONSHIP', 'DATE OF BIRTH', and 'ACTION' is visible, with the text 'No Dependents added.' below it.

An **Add a Dependent** pop-up will appear on the page.

Applicants can:

- Select an existing dependent from the drop-down list.

Note: If applicants want to add a new dependent, they must click **Add New** button.



A screenshot of the MyGICLink Annual Enrollment interface. The main heading is "Annual Enrollment" with a sub-note: "*Represents all the required fields. Make sure to click on Save And Next to save data." The left sidebar shows a progress bar with five steps: 1. Getting Started (checked), 2. Personal Information (checked), 3. Plan Selection (active), 4. Documents, and 5. Review and Submit. Under "3. Plan Selection", there are links for "3.1 Health" and "3.2 GIC Dental". The main content area displays the "Add a Dependent" form. The form includes fields for: First name (filled with "Jim"), Middle initial (empty), Last name (filled with "Sample"), Gender (dropdown menu showing "Male"), Date of birth (calendar icon, filled with "1/1/2001"), Relationship (dropdown menu showing "Dependent 19-26"), and Social Security Number (empty). At the bottom of the form are "Add" and "Cancel" buttons. The "Add" button is highlighted with a red rectangle. In the background, a table titled "FAMILY" is partially visible, showing a row with a name, relationship, date of birth, and a value of "\$69.36". At the bottom of the page, a table header is visible with columns: NAME, RELATIONSHIP, DATE OF BIRTH, and ACTION. Below the header, it says "No Dependents added."

Upon selecting an existing dependent from the drop-down list, the dependent's details will auto-populate.

Applicants must:

- Click **Add**.



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Annual Enrollment
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☐ Opt out of Retiree Dental

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

Dependents

Your GIC 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	RELATIONSHIP	DATE OF BIRTH	ACTION
Jim Sample	Dependent 19-26	1/1/2001	View Edit Remove

[+ Add a Dependent](#)

Previous Save and Next

The dependent details will display under the **Dependents** section.

Applicants must:

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



Step 4: Documents

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*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

4 Documents

5 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, Handicapped Dependent application
Spouse	Marriage Certificate
Former Spouse	Divorce Decree ⓘ

PreviousSave 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

Annual Enrollment

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Cancel Application Save and Exit

Getting Started
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5 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 \$322.07
[View details](#)

Personal Information

Enrollee Information

Full Name	Date of Birth	Gender	Social Security Number
John M Sample	1/1/1965	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

Update Personal Information

Health Insurance



GIC Dental

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.



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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
5 **Review and Submit**

Health Insurance >
GIC Dental >

Attestation

I authorize the GIC to update my GIC benefits and direct my pension authority to deduct from my pension or direct bill me for the premium required for the benefits I have selected. I understand that due to IRS regulations, benefit elections are binding for the duration of the plan year and that I may only update my benefits during the plan year if I experience a qualifying status change (examples include 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 insurance enrollments and changes within 60 days of the event.

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

Full Name Date
John M Sample

*Enter Your Full Name
John M Sample

Previous Submit

Applicants must:

- Check the **attestation box**.
- Enter the applicant's full name, as it appears on the screen, and
- Click **Submit**.



The image shows a screenshot of the MyGICLink Annual Enrollment page. A confirmation pop-up titled "Confirm Submission" is displayed in the center. The pop-up contains the text: "Are you sure you want to submit the application? You will not be able to update your application once it has been submitted." Below the text are two buttons: "No" and "Yes". The "Yes" button is highlighted with a red border. In the background, the "Annual Enrollment" section is visible, showing a progress bar with steps: "Getting Started", "Personal Information", "Plan Selection", "Documents", and "Review and Submit" (which is the current step). The "Review and Submit" step is highlighted with a blue circle and the number 5. The "Review and Submit" section shows a form with fields for "Full Name" (John M Sample) and "Date". Below the form is a button labeled "Submit".

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

✓Plan Selection

✓Documents

5Review and Submit

Review and Submit

Premium Total\$322.07
[View details](#)

✓**Success!**

Your Annual Enrollment Application has been successfully submitted.
Please keep the case number for your reference - 00126071

Print

Personal Information

Enrollee Information

Full Name	Date of Birth	Gender	Social Security Number
John M Sample	1/1/1965	Male	XXX-XX-1234
Reference ID	1A2B3C4D		

Contact Information

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

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.