Commonwealth of Massachusetts
Group Insurance Commission

Pre-Tax Basic Life & Health Insurance Plan

The Commonwealth offers Pre-Tax Basic Life & Health Insurance to save you money on your insurance premiums. Under this Plan, if you have basic life, or basic life and health insurance, through the Group Insurance Commission, your premiums will be deducted from your salary on a pre-tax basis. This means that you will not have to pay state or federal income taxes on your share of the cost of basic life and health insurance premiums, which will result in a slightly larger paycheck.

This benefit is automatic, no further action on your part is required to receive this benefit.
Federal law, however, requires that you be offered the opportunity to decline this benefit. If you elect not to participate in this plan you may not change your mind until an annual enrollment period, or unless or until one of the following qualifying events occurs:

* I get married or divorced;
* I or my spouse give birth to a child or adopt a child;
* My spouse or one of my dependents dies;
* My spouse commences or is terminated from employment; or
* I or my spouse take an unpaid leave of absence.

If you decide not to participate in this plan you must complete the other side of this election not to Participate Form and submit it to your GIC or Payroll Coordinator. If you do not submit a completed form, your insurance premiums will be deducted on a pre-tax basis automatically.

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Pre-Tax Basic Life & Health Insurance Plan
Election Not to Participate Form

Social Security Number		Agency/Division	
Insured Name	First	M.I.	Last
Street Address			
City		State	Zip Code

I hereby elect NOT to participate in the state's Pre-Tax Basic Life & Health Insurance Plan. I understand that by making this election I have chosen to have my share of basic life and basic health insurance premiums paid on an after-tax basis.

I further understand that I may not change this election until an annual enrollment period or unless one of the following qualifying status changes occurs:

- I get married or divorced;
- I or my spouse give birth to a child or adopt a child;
- My spouse or one of my dependents dies;
- My spouse commences or is terminated from employment; or
- I or my spouse take an unpaid leave of absence.

Signature Required	Date

YOU MUST READ PAGE ONE BEFORE SUBMITTING FORM

GIC /Payroll Coordinator: Please retain original signed form in employee's personnel file. Do not send to GIC.