# RETIRED MUNICIPAL TEACHER ENROLLMENT (FORM-RMT)

# **Health and Basic Life Insurance**



|                    | INSURED  | INFORMAT   | TION   |  |  |  |  |   |  |   |  |  |  |
|--------------------|--|--|--|--|--|--|--|---|--|---|--|--|--|
|                    |  | GIC-ID (usually Soc. Sec. #)   |  |  | Sex  | Dat  | Date of Birth  |   | Agency/Division # (GIC   |   | ion # (GIC ι   | ise only)  |  |
|                    | Insured  |  |  |  | □М□F   |  | / /  |   | ,  |   | 1  | 1  |  |
| <b>B</b>           | Information  | Name – Last First MI   |  |  |  |  |  |   |  |   |  |  |  |
| REQUIRED           |  | Street   |  |  | City   |  |  |   |  | Stat  | te Zip   |  |  |
| REO                | Address  |  |  |  |  |  |  |   |  |   |  |  |  |
|                    | Contact Information  | Preferred Pho  | ne   | Preferred Email  | erred Email  |  |  |   | Country (if not USA)   |   |  |  |  |
|                    | Claim<br>Number  | Insured's Med  | licare Claim #   |  | Spo  |  |  | Spouse's Medicare Claim #   |  |   |  |  |  |
|                    | Retirement<br>Information  | Name of Mun  | icipality or school  | ity or school district retired from  |  | Will you receive a monthly pension from a public retirement system? ☐ Yes ☐ No |  |   | - 1  |   |  |  |  |
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|                    | ☐ Basic Life   |  |  | Life and Health  |  |  |  |   |  |   |  |  |  |
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|                    | 1  |  | are (Supplement)   | * Contact plan f   | or Massachusetts   | service a  | irea and   |   | al and spouse  |   |  | on Medicare  |  |
|                    | ☐ Wellpoint N  | Medicare Extens  | ion (Supplement)   |  | ork information.   |  |  | $\square$ Family  |  |   |  | lent(s) on Medicare  |  |
|                    | NON-MED  | DICARE PLA   | N – Select ON  | LY <b>ONE</b> if you and   | d/or vour sp   | ouse/  | covered dep  | endents are   | e not e  | nrolled ir  | Medicare   |  |  |
|                    | Massachusetts  |  |  |  | ısetts & New En  |  |  | Nationwide e  |  |   |  |  |  |
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|                    | · ·  | England (HMO)  |  | □ Wellpoint <b>Total Choice</b>  |  |  |  |   |  |   | ☐ Individual   |  |  |
|                    | ☐ Mass Gener   | al Brigham Heal  | th Plan Complete   | •  | oint <b>Plus (PPO</b>  |  | -  |   |  |   |  | ☐ Family   |  |
|                    | ☐ Wellpoint Community Choice (PPO-TYPE)  |  |  |  | ps   |  |  |   |  |   |  |  |  |
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## GIC RMT ENROLLMENT FORM (FORM-RMT) INSTRUCTIONS

#### Eligibility for benefits through the Group Insurance Commission

If you are a retiring 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 event (examples include marriage, divorce, or involuntary loss of other coverage).

**IMPORTANT**: To apply, you must have at least basic life insurance and/or health insurance through the GIC participating city/town/school district on the date of your retirement. If you do not have these benefits on the day you retire, you are not eligible to enroll in GIC benefits. If there is a change to your date of retirement, this may affect your eligibility for GIC benefits.

Use this form for enrolling in GIC benefits for the first time at retirement.

### For an overview of your GIC benefit options, see your GIC Benefit Guide at mass.gov/GIC

#### **Deadlines and Required Documentation**

- Required documentation: To add a spouse or dependent to coverage, documentation is required. Do not send original documents because they will not be returned. Visit our website for the Required Documentation list: mass. gov/info-details/gic-forms.
- If you and/or your spouse is **Medicare eligible**, the following is needed:
  - Indicate your and/or your spouse's Medicare Claim number on the front of this form.
  - If you and/or your spouse are over age 65 and not eligible for Medicare, the following document must accompany this form:
  - Social Security Denial letter stating that you and/or your spouse are not eligible for Medicare Part A for free.

## Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare. When selecting your plan, be sure to choose "individual" Non-Medicare coverage if only covering one Non-Medicare family member; select "family" Non-Medicare coverage if covering two or more Non-Medicare family members.

If enrolling in one of GIC's Medicare Plans, you will be automatically enrolled in the GIC's SilverScript Medicare Part D prescription drug plan. After your enrollment is processed by the GIC, you will receive a mailing from SilverScript with information about the plan and advising you that you have the choice to opt out of the prescription drug plan. The optout letter is required by Medicare, but we do not recommend that you do so because **if you opt out of SilverScript, you will lose your GIC medical, prescription drug and behavioral health coverage**.

Your health insurance election includes basic life insurance (this amount is determined by your city/town/school district). Please be sure to complete and include GIC Beneficiary Form - Form 319 (one to three beneficiaries) or G-500 (four or more beneficiaries or special designations, such as estate or trust) with your enrollment form.

If electing GIC Retiree Dental, the Retiree Dental Enrollment/Change Form (Form-RD) must also be completed.

### **Coverage Effective Date**

You should apply for coverage two months before your retirement date. Coverage begins on the first day of the third month following your retirement date. For example, if you retire on any day in June, your coverage begins on September 1st. If you have questions about your coverage after your retirement and before your effective date with the GIC, contact your city/town/school district.

Note: The GIC will validate with the Teachers' Retirement Board that you are receiving a monthly pension to determine continued eligibility for GIC benefits.

#### Form and Document Submission

This form may only be signed by the retiree or someone with legal authority to sign on behalf of the retiree. Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

MAIL: Return completed form and documentation to:

Group Insurance Commission PO Box 556, Randolph, MA 02368