



## Spring Health Insurance Buy-Out Election Form

This form is intended for use ONLY by GIC members without access to a digital device. GIC members with an up-to-date email address on GIC records received a registration email for the MyGICLink Member Benefits Portal. MyGICLink allows GIC members to view their benefits throughout the year and update coverage during Annual Enrollment or if experiencing a qualifying event in just a few minutes. Learn more at [mass.gov/mygiclink](http://mass.gov/mygiclink). If you haven't received a MyGICLink registration email, please include your email on this form.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Insured Name (First) (MI) (Last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

1. I hereby elect a monetary allowance in lieu of a Group Insurance Commission sponsored group health insurance plan. I understand that the allowance will be paid monthly, beginning in **August 2026**, in twelve equal payments. I understand that taxes will be withheld from these payments. I understand that I must maintain basic life insurance and be a state employee or retiree to receive these payments; municipal enrollees are not eligible. I was covered by a Group Insurance Commission health insurance plan on **January 1, 2026**, and I will continue that GIC health coverage through **June 30, 2026**.

Type of coverage you're canceling **June 30, 2026**:  Individual  Family

GIC health plan in which you are enrolled: \_\_\_\_\_

2. I will have non-GIC employer-sponsored health insurance coverage as of **July 1, 2026**, with:  
\_\_\_\_\_ and the subscriber is \_\_\_\_\_

Name of Employer Name of Subscriber Relationship to GIC Insured

This health insurance coverage must be through an employer who does not offer GIC benefits and must meet minimum essential coverage under the Affordable Care Act.

3. You may cancel your election to participate in this plan if one of the following qualifying events occur:

- after involuntary loss of my other coverage through no fault of my own;
- if the other health insurance is revoked; or
- if there is a qualifying status change such as marriage, divorce, birth of a child, or end of spouse's employment.

If you elect to participate in the buy-out and one of the above events occurs you will be able to re-enroll and resume your health insurance through the Group Insurance Commission as long as you provide documentation within 60 days of the qualifying event.

4. I understand that forms received at the GIC after **May 1, 2026**, will not be accepted.

\_\_\_\_\_  
Signature of Insured Date

*This form may only be signed by the employee/retiree or someone authorized by the GIC to sign on the employee/retiree's behalf.*

**YOU MUST READ PAGE TWO BEFORE SUBMITTING FORM**

### Application Submission

ONLINE: Log-in to the MyGICLink member benefits portal at [mygiclink.my.site.com](http://mygiclink.my.site.com) to complete your buy-out application or visit [bit.ly/giconlineforms](http://bit.ly/giconlineforms) to request and submit your enrollment form(s).

MAIL: Return completed application to the GIC.  
Group Insurance Commission  
PO Box 556, Randolph, MA 02368.



## Commonwealth of Massachusetts Group Insurance Commission

### Spring Health Insurance Buy-Out Election Form

Under the terms of the Buy-Out program, eligible state employees and retirees who are enrolling as of **July 1, 2026**, in another employer-sponsored plan that meets minimum essential coverage under the Affordable Care Act (ACA) may apply to cancel their Group Insurance Commission (GIC) health coverage and receive 12 taxable monthly payments equal to 25% of the full-cost premium based upon:

- Your current health plan; and
- Type of coverage (individual or family) as of **June 30, 2026**

To qualify for this plan, you must meet ALL of the following requirements:

- You are a state employee or retiree (note: municipal members are not eligible for buy-out).
- You were covered by a Group Insurance Commission Health Plan on **January 1, 2026**, and you will continue that GIC health plan coverage through **June 30, 2026**.
- All GIC premiums must be paid through **June 30, 2026** to be eligible. (note: If your coverage is terminated for non-payment of premium, you will no longer be eligible for the Buy-Out program.)
- You must be eligible for and continue to maintain GIC basic life insurance.
- You are enrolling in another employer-sponsored plan as of **July 1, 2026**, this health insurance coverage must be through an employer who does not offer GIC benefits and must meet minimum essential coverage under the ACA.

Employees in HR/CMS and UMass agencies will receive their remittance monthly in their paycheck with "Reimburse" listed on the pay advice. Retirees and employees of Housing and Redevelopment Authorities will receive a check monthly. If your application is approved, you will receive your first payment in **August 2026**.

The effective date of this buyout is **July 1, 2026**. **Do not give this form to your GIC Coordinator.** It is your responsibility to be sure the completed form is received by the Group Insurance Commission **NO LATER THAN May 1, 2026**.