

State Employee Acknowledgement Form For GIC Eligible Employees

You are responsible for familiarizing yourself with your benefit options and making your elections within 10 days of the date of hire:

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (*if eligible*)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

Your signature is required on this form before your agency can process your benefit elections. Please sign, date and return this form to your GIC Coordinator after you have reviewed the *Benefit Decision Guide*.

I hereby acknowledge that I have reviewed the most recent GIC *Benefit Decision Guide* and understand my benefit options before I made my benefit elections. I understand that if I enroll in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits. I understand if I enroll in a GIC health plan, I can't change my health plan until the next Annual Enrollment period.

Name: _____

(Please print)

Signature: _____

Date: _____

Employee: Return this signed form to your GIC Coordinator with your benefit elections.

GIC Coordinator: Give employee a copy of this form and retain original signed form in employee's personnel file. Do not send to the GIC.