GIC MUNICIPAL EMPLOYMENT STATUS CHANGE FORM (FORM-1AMUN)

REQUIRED

INSURED INFORMATION

Insured Information	GIC-ID (usually Soc. Sec. #) – –	Sex ☐ M ☐ F	Date of Birth / /	Dept. ID # or Agency/Division # 666 / 0210
	Name – Last	First		MI
Address	Street	City	State	Zip
Contact Information	Home or Cell Phone ( )	Work Phone ( )	Email	Country *(if not USA)*
Employment Information	Date of Hire: / /	Number of work hours/week:	Name of Municipality employed or retiring from: Town of North Andover	

TRANSFERS AND TERMINATION

Effective Date *(for GIC use only)* / 01 /

Transfer from	Name of Agency/GIC Municipality	Last Day of Work: / /
Transfer to	Name of Agency/GIC Municipality	Hire Date: / /
Termination of Service Coverage (if elected)	Termination reason	Last Day of Work: / /

☐ 39-week Layoff Coverage ☐ Deferred Retiree ☐ COBRA (must complete COBRA application) ☐ Conversion (contact carrier for application)

SCHOOL DEPARTMENT TERMINATION

Employees who leave employment at the end of the school year only:	Termination Date: / /	Premiums Paid Through: / /

RETIREMENT

Date Retired: / / Effective Date *(for GIC use only)* / 01 /

Health Insurance Election (If enrolling for first time, also complete Form-RS) ☐ Cancel Health Insurance

Medicare Eligibility – check if applicable and attach copy of Medicare Claim Card(s):

☐ Insured ☐ Spouse Enrollment materials will be mailed to the Medicare-eligible members.

Non-Medicare Plan Election for insured and/or spouse not eligible for Medicare:

☐ Keep current health plan ☐ Change Non-Medicare Plan election to Plan name:_____

GIC Retiree Dental (Only if municipality participates)

☐ I wish to enroll in GIC Retiree Dental and have attached the completed GIC Municipal Retiree Dental Enrollment and Change Form

☐ I do not wish to enroll in the GIC Retiree Dental at this time

SIGNATURE REQUIRED

AUTHORIZATION

I have read the instructions on the reverse side of this form and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected. I understand that due to IRS regulations, my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event.

Signature of Applicant:_____ Date: _____

Signature of Authorized Official: _____ Date: _____

For GIC Use Only	Entered	Verified	Political Subdivision

(See over for Form-1AMUN instructions)

GIC MUNICIPAL EMPLOYMENT STATUS CHANGE FORM (FORM-1AMUN) INSTRUCTIONS

Use this Form-1AMUN for all employment status changes including retirement. If enrolling in GIC health insurance coverage for the first time at retirement, you must also complete and return Form-RS.

For GIC retiree benefits, see the GIC Benefit Decision Guide mass.gov/gic/bdgs.

Transfers and Terminations

Because GIC premiums are paid a month in advance, coverage terminates at the end of the following month after you leave a state agency or GIC participating municipality (for example, if you leave June 10, your coverage will end July 31). If you are hired by a state agency, authority, or participating municipality before the coverage end date, you are considered a transfer and will not be subject to the 60-day waiting period. You must remain in the same health plan. For other GIC benefits, the same rule applies. If you are hired after the coverage end date, you are subject to the 60-day new hire waiting period. If an employee is terminating state service, he/she may continue GIC health coverage and must indicate the option elected. Please put the termination reason (e.g., resigned or laid off). School department employees who are ending employment at the end of the school year and have prepaid their health insurance premiums through the summer must complete the school department termination section.

Retirement

If you and/or your covered spouse are age 65 or over, and eligible for Medicare Part A for free, you (and your covered spouse, if applicable) must enroll in Medicare Parts A and B to continue coverage with the GIC. If one of you (or other family members) is under age 65, the non-Medicare member(s) will be covered under a non-Medicare plan until he/she becomes eligible for Medicare coverage. Enrollment materials will be mailed to the Medicare-eligible members. The following are your Medicare/non-Medicare health plan combination choices:

Non-Medicare Plan	Medicare Plan
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan (Closed to New Members)	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

GIC Retiree Dental

For participating municipalities, the GIC Municipal Retiree Dental form is on the GIC's website mass.gov/gic/forms.

Form and Document Submission

Active Employees and Employees Who Are Retiring:

Return completed form and documentation to your GIC Coordinator.

(See over for Form-1AMUN)