GIC MUNICIPAL RETIREE DENTAL ENROLLMENT/ CHANGE FORM (FORM-MRD)

Commonwealth of Massachusetts
Group Insurance Commission

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 Phone ( )	Cell Phone ( )	Email	Country *(if not USA)*

Retirement Information	Name of State Agency or Municipality retired from	Do you receive a monthly pension from a public retirement system? ☐ Yes ☐ No	Date of Retirement / /
Survivor Information	Name of Deceased Employee or Retiree	Deceased Employee's/Retiree's Soc. Sec. # - -	Have you remarried? ☐ Yes Date of remarriage____/____ /_____ ☐ No

REQUIRED

Select all that apply:

☐ New Enrollment (New Eligibility)
☐ Adding Dependent(s) ☐ Dropping Dependent(s)
☐ Other Benefit Changes ☐ Address Change
☐ Annual Enrollment ☐ Name Change

Qualifying Status Change Date of Event: ____ / ____ / _____

☐ Marriage
☐ Birth/Adoption
☐ Divorce/Legal Separation
☐ Change in Dependent Eligibility Status
☐ Gain of Other Coverage
☐ Involuntary Loss of Other Coverage
☐ Death of spouse/dependent
☐ Spouse's Annual Enrollment

RETIREE DENTAL

Effective Date: / 01 /

Coverage Election (check one) ☐ Individual ☐ Family

Cancel ☐ GIC Retiree Dental Coverage

- If you do not sign up for coverage within 60 days of retirement, you will not be able to enroll until the next annual enrollment period, unless you involuntarily lose dental coverage during the year or have a qualifying status change and apply within 60 days of the event.
- If you sign up for coverage and decide to cancel, you can never rejoin the plan.
- If you have family coverage and switch to an individual plan, your spouse and/or your eligible dependents can never rejoin the plan.

List below all family members, including your spouse, who will be covered under your dental plan. Please provide all Social Security Numbers and exact dates of birth for each dependent. Coverage for children ends at age 19; to continue their coverage, complete and return to the GIC a Dependent Age 19 to 26 Enrollment Form if not already submitted for GIC health insurance. The Group Insurance Commission requires you to provide a copy of a marriage certificate, legal separation, divorce decree, or certificate of appointment as legal guardian for each person you list as a dependent.

SPOUSE/DEPENDENT INFORMATION

For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	

FORMER SPOUSE INFORMATION – If Listed Above

Date of Divorce: / /

Are you remarried? ☐ Yes ☐ No	Date of your remarriage: / /	Has your former spouse remarried? ☐ Yes ☐ No	Date of former spouse's remarriage: / /
Address: Street		City	State / Zip

SIGNATURE REQUIRED

AUTHORIZATION – I have read the instructions on this form and direct my pension authority to deduct from my pension check the amount required for the coverage I have selected. I understand that my coverage elections are binding for the duration of the plan year and that I may only enroll in 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 mailing instructions and agency/division #)

RETURN COMPLETED RETIREE DENTAL FORM TO YOUR MUNICIPAL BENEFITS OFFICE

666/0178 City of Melrose
Polina Latta
HR Manager-Human Resources
562 Main Street
Melrose, MA 02176
(781) 979-4145

666/0014 Town of Ashland
Susan Huwe
Assistant Treasurer
101 Main Street
Ashland, MA 01721
(508) 881-0100 x7926

666/0023 Town of Bedford
Sarah Buhler
HR/Management Analyst
10 Mudge Way
Bedford, MA 01730
(781) 687-6181

666/0046 Town of Brookline
Scott O'Shea
Benefits Coordinator
333 Washington St.
Brookline, MA 02445
(617) 730-2134

666/0133 Town of Holbrook
Jack Hoell
Assistant Treasurer
50 N. Franklin Street
Holbrook, MA 02343-1560
(781) 353-5557

666/0134 Town of Holden
Sharon Lowder
Treasurer/Collector
1204 Main Street
Holden, MA 01520
(508) 210-5512

666/0138 Town of Hopedale
Stephanie L'Etalien
Treasurer
78 Hopedale Street
Hopedale, MA 01747
(508) 634-2203 x218

666/0182 Town of Middleborough
Judy MacDonald
Treasurer/Collector
20 Centre Street-3rd Floor
Middleborough, MA 02346
(508) 946-2420 or 946-2421

666/0187 Town of Millis
Jennifer Scannell
Treasurer/Collector
900 Main Street
Millis, MA 02054
(508) 376-7091

666/0210 Town of North Andover
Karen Robertson
Benefits Specialist
120 Main Street
North Andover, MA 01845
(978) 380-1010

666/0244 Town of Randolph
Cilenia Bevis
Payroll/Benefits Clerk
Town Hall
41 South Main Street
Randolph, MA 02368
(781) 961-0911

666/0291 Town of Swampscott
Lynn Lavoie
Benefits Coordinator
22 Monument Avenue
Swampscott, MA 01907
(781) 596-8810

666/0333 Town of Weston
Molly Fitzpatrick
Benefits Coordinator/HR Generalist
11 Town House Road
Weston, MA 02493
(781) 786-5090

666/0335 Town of Westwood
Jennifer Kinnear
HR Administrator
580 High Street
Westwood, MA 02090
(781) 341-1035

666/0343 Town of Winchendon
Jillian Lopez
Assistant Treasurer/Collector
109 Front St Dept 2
Winchendon, MA 01475
(978) 297-0152

666/0503 Athol-Royalston Reg. School Dist.
Brenda Butland
Bookkeeper
P.O. Box 968
Athol, MA 01331
(978) 249-2400

666/0507 NE Metro Regional Voc. Tech. School
Tara Calef
Retiree Insurance Coordinator
100 Hemlock Road
Wakefield, MA 01880
(781) 246-0810 x1636

(See over for Form-MRD)