



Municipal Employee Acknowledgement Form for GIC Benefits

You are responsible for reviewing your **Health Insurance options** and making your election within 21 days of the date of hire **on the GIC Member Benefits Portal**.

Please sign, date and return this form to your GIC Coordinator acknowledging that health insurance information such as GIC's Benefit Decision Guide is available for your review in the Member Benefits Portal and on GIC's website:
www.mass.gov/orgs/group-insurance-commission.

I understand that as a new hire I will receive a New Hire Welcome/Registration email from myGICLinkcustomerservice@mass.gov and:

- **I must log in** to the “*GIC Member Benefits Portal*” to **enroll in or decline** GIC benefits **within 21 days of my date of hire**.

If I don't receive an email within 10 days of my hire date, I must notify the GIC Coordinator (Human Resources phone 781-320-1072) at my workplace so that enrollment forms can be provided to me via myGICLink (DocuSign).

By enrolling in GIC health insurance, my premiums will be deducted on a pretax basis and if I enroll in a GIC health plan, I can't change my health plan until the next Annual Enrollment period for an effective date of July 1st. I understand that if I do not elect health insurance within 21 days of hire, my next opportunity to apply for these benefits is during GIC's next Annual Enrollment or within 60 days of a qualifying event.

- I acknowledge that I have received a copy of the 'Overview of Health Insurance Marketplaces' as well as the 'Optional Appendix' which are required notices to help me understand my coverage options. I understand that these notices are also available on the Human Resources website for future reference.

Name: _____

Signature: _____ Date: _____