BENEFIT STATEMENT CORRECTION FORM

 Commonwealth of Massachusetts Group Insurance Commission

ACCESS AND COMPLETE THIS FORM ONLINE!

- Go to **bit.ly/MyGICLinkOnlineForms**
- Enter your email and DOB
- Choose Benefit Statement Correction Form
- Select *Request*
- Check your email for the requested form

- Follow instructions for completion, including MUST SEND documents specified, if applicable
- Select *Submit*
- Watch your email for confirmation of receipt

If mailing your correction form, please include the items listed after **MUST SEND**, if applicable, to ensure processing. Be sure to sign and return to:

**Group Insurance Commission
PO Box 556
Randolph, MA 02368**

When can I change my health plan?

You may only enroll in or change your health plan election during GIC's annual enrollment or within 60 days of a qualifying status change event. For a complete list of qualifying events, go to **bit.ly/MassGICQualifyingEvents**.

Legally separated, divorced or remarried?

Follow the directions below in section 2 to notify the GIC of your legal separation, divorce, or remarriage.

Please note: You must notify the GIC of your legal separation, divorce, or remarriage and you can be held responsible for repayment of health claims paid or premiums owed for your former spouse back to the date of remarriage by either you or your former spouse.

YOU MUST COMPLETE SECTION 1 IN ORDER FOR YOUR CORRECTION TO BE MADE

SECTION 1. MEMBER INFORMATION

GIC ID # *(Social Security #)*: _____   Address: _____

Name of Insured: _____   City: _____

Telephone #: _____   State: _____

Preferred Email: _____   Zip Code: _____

Signature of Insured: _____   Date: _____

SECTION 2. PLEASE CHECK ALL THAT APPLY AND PROVIDE THE INFORMATION REQUIRED

☐ I request a birth date correction for: **MUST SEND:** *Copy of corresponding birth certificate(s).*

    ☐ Self   ☐ Spouse   ☐ Dependent(s)

☐ My dependent age 19 to 26 is listed on the benefit statement as a full-time student but is no longer a full-time student. Please change my dependent's status to dependent age 19 to 26.

    Dependent's address (if different than the insured's address):

    Street Address: _____ City: _____ State: _____ Zip: _____

☐ The spelling of my spouse's or dependent's name on the Plan Benefits section is incorrect. Please correct the spelling of my spouse's/dependent's name from: _____ to _____

☐ My former spouse is listed as "S" on my benefit statement, indicating spouse. I wish to change my marital status from "married" to "legally separated" or "divorced."

    MUST SEND: *Copy of the following sections of the legal separation or divorce decree: absolute date, health insurance language, and signature pages.*

    My legally separated or former spouse's ☐ current or ☐ last known home address is:

    Address: _____ City: _____ State: _____ Zip: _____

☐ I was divorced and remarried on date: _____   **MUST SEND:** *Copy of certified marriage certificate.*

☐ My former spouse remarried on date: _____

    Former Spouse's Address: _____ City: _____ State: _____ Zip: _____

SECTION 3. FOR STATE EMPLOYEES AND STATE RETIREES ONLY:

☐ I have been tobacco free (have not smoked cigarettes, cigars or pipes nor used e-cigarettes, snuff or chewing tobacco, or a nicotine delivery system) for the past 12 months or longer and wish to change my **GIC Optional Life Insurance** smoker status from smoker to non-smoker. I understand that this election will be effective on July 1, 2022, and that it only applies to State Employees and State Retirees with **GIC Optional Life Insurance** coverage.

☐ I want to **change** or **correct** my GIC life insurance beneficiary designation. **State Employees** and **retirees** can visit **bit.ly/MyGICLinkOnlineForms** to complete a Beneficiary Designation Form and submit to the GIC online; or you may request a GIC Beneficiary Designation Form be mailed to you by checking the appropriate box below.

    ☐ Send form for up to three beneficiaries   ☐ Send form for more than three beneficiaries and estates

    You must complete a GIC beneficiary designation form to make any beneficiary designation changes or corrections.