BENEFIT STATEMENT CHANGE FORM

Complete this form *ONLY* if you are requesting a change

Commonwealth of Massachusetts
Group Insurance Commission

Please read the following instructions CAREFULLY to make change(s). Place an "X" in the box for each change that applies.

NOTE: Failure to notify the GIC of a new dependent within 60 days of the qualifying status change will result in non-payment of the child's medical claims. If you are legally separated or divorced, make sure that your former spouse's relationship code on your benefit statement is listed as "F" (former spouse) not "S" (spouse). If your former spouse is listed as "S" (spouse) you must report that divorce as instructed under #9 below. If you fail to report a divorce or remarriage for you or your former spouse, your health plan and/or the GIC have the right to retroactively seek health claims paid or premiums owed for your former spouse back to the date of remarriage.

NOTE: If your dependent age 19 to 26 is not listed as a full-time student and attends school outside of your health plan's service area, you must update that status by completing and returning the Dependent Age 19 to 26 Enrollment and Change Form; available on our website: **mass.gov/gic/forms**.

Please include the items listed after **MUST SEND**, if applicable. If these items are not included, your request cannot be processed. Be sure to complete and sign in the box below and return to:

Group Insurance Commission, P.O. Box 8747
Boston, MA 02114
1.617.727.2310 • mass.gov/gic

PLEASE PRINT AND FILL OUT COMPLETELY.

Name of Insured: _____ **GIC ID # *(Social Security #)*:** _____

Address: _____ **Telephone #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Signature of Insured: _____ **Date:** _____

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

2. ☐ My dependent age 19 to 26 is listed on the benefit statement as a full-time student and he or she 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: _____

3. ☐ Please change my address to that listed above. I understand that I must also update my address with the post office and my agency so that the address change will remain permanent.

4. ☐ Please add or correct my email address to the following: _____

5. ☐ Please add or correct my phone number to the following: (_____) _____

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

7. ☐ I have been tobacco free (have not smoked cigarettes, cigars or pipes nor used e-cigarettes, snuff or chewing tobacco) for the past 12 months or longer and wish to change my **Optional Life Insurance** smoker status from smoker to non-smoker. I understand that this election cannot take effect before July 1, 2017, and that it only applies to Active Employees and State Retirees with **Optional Life Insurance** coverage.

8. ☐ I request to change or correct my life insurance beneficiary designation. Please send me a GIC Beneficiary Designation Form:
☐ Send form for up to three beneficiaries ☐ Send form for three or more beneficiaries and estates

9. ☐ 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: _____

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

11. ☐ My former spouse remarried on date: _____
Former Spouse's Address: _____ City: _____ State: _____ Zip: _____