

MUNICIPAL RETIREE DENTAL ENROLLMENT/ CHANGE (FORM-MRD)



REQUIRED INFORMATION							
REQUIRED	Insured Information	GIC-ID (usually Soc. Sec. #) - -		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	Dept. ID # or Agency/Division # /	
		Name – Last		First	MI		
REQUIRED	Address	Street			City	State	Zip
		Contact Information	Preferred Phone ()	Preferred Email			Country (if not USA)

Retirement Information	Name of Municipality retired from	Do you receive a monthly pension from a public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Retirement / /
Survivor Information	Name of Deceased Employee or Retiree	Deceased Employee's/Retiree's Soc. Sec. # - -	Have you remarried? <input type="checkbox"/> Yes Date of remarriage ___/___/___ <input type="checkbox"/> No

REQUIRED	Select all that apply: <input type="checkbox"/> New Enrollment (New Eligibility) <input type="checkbox"/> Adding Dependent(s) <input type="checkbox"/> Dropping Dependent(s) <input type="checkbox"/> Other Benefit Changes <input type="checkbox"/> Address Change <input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Name Change	Qualifying Event (Date of Event: ___/___/___) <input type="checkbox"/> Marriage <input type="checkbox"/> Gain of Other Coverage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Involuntary Loss of Other Coverage <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Death of spouse/dependent <input type="checkbox"/> Change in Dependent Eligibility Status <input type="checkbox"/> Spouse's Annual Enrollment
----------	--	---

RETIREE DENTAL		Effective Date: / 01 /
Coverage Election (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Family	Cancel <input type="checkbox"/> GIC Retiree Dental Coverage	
<ul style="list-style-type: none"> • 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. Do not send original documents because they will not be returned.

SPOUSE/DEPENDENT INFORMATION							
For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	

FORMER SPOUSE INFORMATION – If Listed Above				Date of Divorce: / /
Are you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of your remarriage: / /	Has your former spouse remarried? <input type="checkbox"/> Yes <input type="checkbox"/> 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. You must notify the GIC of a legal separation, divorce or remarriage of you or your former spouse; coverage for a former spouse ends upon remarriage. Failure to notify the GIC can result in financial liability to you.
	Signature of Applicant: _____ Date: _____ Signature of Authorized Official: _____ Date: _____

666/0178 City of Melrose

Diane Barrett
 HR Coordinator
 562 Main Street
 Melrose, MA 02176
 (781) 979-4145

666/0014 Town of Ashland

Susan Huwe
 Benefits Coordinator
 101 Main Street
 Ashland, MA 01721
 (508) 881-0100 x7926

666/0023 Town of Bedford

Colleen Doyle
 Human Resources Manager
 10 Mudge Way
 Bedford, MA 01730
 (781) 275-1111 x310

666/0046 Town of Brookline

Kayla Toleno
 Benefits Administrator
 333 Washington St.
 Brookline, MA 02445
 (617) 730-2117

666/0133 Town of Holbrook

Pamela Vayda
 Human Resources Administrator
 50 N. Franklin Street
 Holbrook, MA 02343-1560
 (781) 767-5567

666/0168 Town of Marblehead

Jeremy LeJeune
 Benefits Coordinator
 Mary Alley Municipal Building
 7 Widger Road
 Marblehead, MA 01945
 (781) 631-1705

666/0182 Town of Middleborough

Susan Powers
 Benefit Coordinator
 20 Centre Street-3rd Floor
 Middleborough, MA 02346
 (508) 946-2420 x1127

666/0187 Town of Millis

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

666/0210 Town of North Andover

Kerry Meisinger
 Human Resources Director
 120 Main Street
 North Andover, MA 01845
 (978) 688-9526 x 40107

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

Bonnie Lavoie
 HR Generalist & Benefits Coordinator
 Personnel Dept.
 22 Monument Avenue
 Swampscott, MA 01907
 (781) 596-8850 x 1262

666/0333 Town of Weston

Leila Hewitt
 HR Benefits Coordinator
 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) 320-1072

666/0503 Athol-Royalston Reg. School Dist.

Angela Kitzmiller
 Bookkeeper
 P.O. Box 968
 Athol, MA 01331
 (978) 249-2400 x 2305

666/0507 NE Metro Regional Voc. Tech. School

Deanna Yannios
 Accountant
 100 Hemlock Road
 Wakefield, MA 01880
 (781) 246-0810 x1628

Form and Document Submission

Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

ONLINE: Visit bit.ly/MyGICLinkOnlineForms to request and submit your enrollment form(s).

MAIL: Return completed form and documentation to your municipal benefits office.

Group Insurance Commission
 PO Box 556, Randolph, MA 02368