

HEALTH INSURANCE CHANGE PROCESS



The **Group Insurance Commission**, the City of Somerville's health insurance administrator, has established a new electronic process to complete and submit health insurance forms. The new system is called **myGIC Link**. If you are currently enrolled in a health plan with the GIC and want to initiate a change, you will need to go to the following website:

<https://mygiclink.force.com/GenerateDocuSignPage>

The screenshot shows the 'myGIC Link' portal. At the top, there is a green header with the text 'myGIC Link'. Below the header, a light blue box contains the following text: 'Please provide the information below to request a digital copy of your enrollment form(s).'. This is followed by a numbered list of four steps: 1. Provide your email and date of birth. 2. If you are an active employee and your agency has changed, click the button to update your agency. 3. Click the box to select a form. You can select more forms by clicking the box again. 4. Click 'Request' to receive an email containing links to your selected forms. Below the list, it says 'If you have any questions, contact the GIC at 617-727-2310.' and 'Active state employees [click here](#) for Flexible Spending Account enrollment information.' The form itself has three input fields: 'Member Email *' with a placeholder 'Enter your email', 'Member Date Of Birth *' with a calendar icon, and 'Choose Form(s) *'. At the bottom right of the form are two buttons: a blue 'RESET' button and a grey 'REQUEST' button.

Once there, please complete the online form (sample above) with your email address, date of birth and form selection and click on "REQUEST". You will then be sent the appropriate electronic form via email from the **myGIC Link** portal. Please complete, sign and submit the form electronically. Please note, if you are enrolling dependents to your coverage, you are required to provide a marriage certificate for your spouse and birth certificates for your dependent children (you must attach supporting documentation with your enrollment). If you are adding/cancelling coverage outside of open enrollment, you will need to provide documentation of your qualifying event. Your form will automatically be sent the Personnel Benefits Office for enrollment.

Please use the charts below to assist you in determining which form to select. The following form types are available:

Municipal Enrollment Change – Form 1MUN may be selected for the following changes:

General Changes	<ul style="list-style-type: none">• Add/Drop dependent(s)• Address Change• Annual Open Enrollment• Cancel Coverage• Name Change
Qualifying Status Changes	<ul style="list-style-type: none">• Birth/Adoption/Marriage• Change in dependent eligibility status• Divorce/Legal Separation• Death of spouse or dependent• Gain/Loss of Coverage• Moved out of health plan's service area• Return from FMLA or Military Leave• Spouse's annual enrollment

Municipal Enrollment Status Change – Form 1AMUN may be selected for the following changes:

Qualifying Status Changes	<ul style="list-style-type: none">• Retirement• Cancellation of Coverage due to Unpaid Leave• Transfer to New Municipality
---------------------------	--

Dependent Age 19 to 26 Enrollment/Change – Form 1AMUN may be selected for the following changes:

General Changes	<ul style="list-style-type: none">• Complete this form when your dependents are turning 19• Dependent address changes
-----------------	--

Retiree/Survivor Enrollment Change – Form RS may be selected for the following changes:

General Changes	<ul style="list-style-type: none">• Add/Drop dependent(s)• Address Change• Annual Open Enrollment• Cancel Coverage• Name Change
Qualifying Status Changes	<ul style="list-style-type: none">• Birth/Adoption/Marriage• Change in dependent eligibility status• Divorce/Legal Separation• Death of spouse or dependent• Gain/Loss of Coverage• Moved out of health plan's service area• Medicare Eligibility Status Change• Return from FMLA or Military Leave• Spouse's annual enrollment

Should you have any issues, please email benefits@somervillema.gov or call the Benefits line at 617-625-6600 ext 3324.