# PART 1 – Applicant Information (*Shaded Boxes Must Be Completed By your GIC Coordinator*)

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| Insured’s GIC ID (usually Soc. Sec. #) | Date of Birth  / / | | Dept. ID # or Agency/Division #  (For agency use only)  **This form is not valid after June 14, 2019** | |
| LAST NAME FIRST NAME MIDDLE INITIAL | | | | |
| Address (Number and Street) | | | | |
| City | | State | | Zip Code |
| **Annual Salary (For agency use only)**    **$** | **Salary Effective Date**  **(For agency use only)**  **/ /** | | **LTD Coverage Effective Date**  **10/01/2019** | |

**PART 2 – Eligibility Affirmation**

**□** **YES**, I would like to enroll in the GIC’s Long Term Disability Program without the need to complete an evidence of insurability application. My signature below verifies ***that I have never previously been declined for LTD coverage offered through the Group Insurance Commission***.

**□** **YES**, I would like to enroll in the GIC’s Long-Term Disability Program. However, I have previously been declined for LTD coverage offered through the Group Insurance Commission and will need to complete an evidence of insurability application. I understand that I will be sent instructions for completing evidence of insurability.

*I understand that I must be actively at work, performing my regular duties on October 1, 2019 to be covered under the LTD plan. If I am absent from work due to injury, sickness or approved leave of absence, my coverage will begin on the date that I return to active employment. Further, I understand that if I have not been covered by the GIC’s LTD plan for twelve (12) consecutive months, a pre-existing condition exclusion may apply. LTD benefits are not payable for disabilities resulting from war, self-inflicted injuries, attempt to commit or commission of a crime, commission of a crime for which you have been convicted, active participation in a riot or while incarcerated and loss of a professional license, occupational license or certification. LTD benefits may also be reduced by other sources of income. I authorize payroll deductions for my LTD coverage. For plan details visit our website at www.mass.gov/orgs/group-insurance-commission.*

Signature of GIC Coordinator Date

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