



STATE EMPLOYEE ACKNOWLEDGMENT AND WAIVERS FORM

EMPLOYEE ACKNOWLEDGEMENT FORM

I understand that I am responsible for familiarizing myself with my benefit options and making my elections within 10 days of my date of hire. I have reviewed the information on the following benefits:

- Basic Life Insurance
- Basic Life and Health Insurance
- Summary of Benefits and Coverage
- Optional Life Insurance
- Long-Term Disability
- Dental/Vision
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

I hereby acknowledge that I have reviewed the most recent GIC Benefit Decision Guide and understood my benefit options before I made my benefit elections. I understand that if I enroll in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits.

Electronic Signature

Date

WAIVERS FORM

Basic Life Insurance Waiver-I hereby certify that I have been given the opportunity to enroll in life insurance offered by the Commonwealth of Massachusetts Group Insurance Commission. I further understand that if I wish to enroll in the life insurance program at a later date, my acceptance into the program is contingent upon providing proof of good health.

Electronic Signature

Date

Long-Term Disability Waiver-I hereby certify that I have been given the opportunity to enroll in long-term disability coverage, a state sponsored disability insurance. I understand fully the benefits available to me under the plan. I decline to participate and hereby waive all benefits of the plan. I further understand that if I wish to enroll in the long-term disability coverage at a later date, my acceptance into the program is contingent upon providing proof of good health.

Electronic Signature

Date