

# ORP Retiree Checklist/Guide for GIC Purposes

Premiums for Retiree Insurance benefits from the Group Insurance Commission (GIC) are generally deducted from your retirement income under the ORP each month. This procedure requires your coordination in:

- selecting the insurance benefits you want during retirement, and
- initiating your “Retiree Income” from the ORP.

Helpful *contact information* is provided at the end of this document.

## Step 1.

### *Insurance Selection and Reporting*

- *Selection:* Determine the types and amounts of Retiree Insurance you will need from the GIC. You will find information about the insurances and their related cost on the GIC web site (see Contact Information below), and in their publications.

In the section below, please provide the type of retiree Medicare / Non-Medicare plan that you elected on the GIC forms, and information for your spouse/dependents.

<b>MEDICARE PLAN</b> – Select one if you and/or your spouse/covered dependents are enrolled in Medicare.			Effective Date: /01/
<input type="checkbox"/> Fallon Senior Plan (HMO)	<input type="checkbox"/> Tufts Medicare Preferred (HMO)	<b>Medicare Coverage Election</b> <input type="checkbox"/> Individual <input type="checkbox"/> Individual and spouse <input type="checkbox"/> Family	Check all that apply: <input type="checkbox"/> Individual on Medicare <input type="checkbox"/> Spouse on Medicare <input type="checkbox"/> Dependent(s) on Medicare
<input type="checkbox"/> Harvard Pilgrim Medicare Enhance (Indemnity)	<input type="checkbox"/> Tufts Medicare Complement (HMO)		
<input type="checkbox"/> Health New England MedPlus (HMO)	<input type="checkbox"/> UniCare State Indemnity Medicare Extension CIC: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>NON-MEDICARE PLAN</b> – Select one if you and/or your spouse/covered dependents are not enrolled in Medicare.					
<input type="checkbox"/> Fallon Direct (HMO)	<input type="checkbox"/> Health New England (HMO)	<input type="checkbox"/> UniCare State Indemnity/Basic CIC: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Non-Medicare Coverage Election</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family		
<input type="checkbox"/> Fallon Select (HMO) <i>(Closed to New Members)</i>	<input type="checkbox"/> NHP Prime–Neighborhood Health Plan (HMO)	<input type="checkbox"/> UniCare Community Choice (PPO-type)			
<input type="checkbox"/> Harvard Pilgrim Independence (POS) <i>(Closed to New Members)</i>	<input type="checkbox"/> Tufts Health Plan Navigator (POS) <i>(Closed to New Members)</i>	<input type="checkbox"/> UniCare/PLUS (PPO-type)			
<input type="checkbox"/> Harvard Pilgrim Primary Choice (HMO)	<input type="checkbox"/> Tufts Health Plan Spirit (HMO-type)				

<b>SPOUSE/DEPENDENT INFORMATION</b> <i>(See instructions on back)</i>						
For Changes Only	LAST NAME	FIRST NAME	MI	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	

- *Reporting:* You must report your “Retiree” status and insurance elections to the GIC using either their GIC Form-1A or Form- RS. You should work with your campus Benefits Administrator to complete GIC Form-1A; or if you are no longer on campus, you should contact the Department of Higher Education to complete GIC Form-RS.

**Step 2.**

***Total Monthly Premiums:***

You must determine the total amount of your monthly Retiree Insurance premiums. The ORP Plan Administrator will ask you for this information when reviewing your retirement income application.

Your Monthly Health Care Premiums (Family or Individual):	\$ _____
Spouse’s Monthly Health Care Premiums if Individual:	\$ _____
Dependent’s Monthly Health Care Premiums if Individual:	\$ _____
Monthly Basic Life Insurance Premiums:	\$ _____
Monthly Optional Life Insurance Premiums:	\$ _____
Monthly (GIC) Dental Insurance Premiums (Family or Individual):	\$ _____
<b>Total Monthly Insurance Premiums:</b>	<b>\$ _____</b>

**Step 3.**

***Determine Your Monthly Retiree Income from the ORP***

You must draw a monthly “Retiree Income” from the Plan to be eligible for Retiree Insurance benefits from the GIC. *Contact your Provider* for assistance in crafting your “Retiree Income”.

- *Minimum Amount:* Your total monthly Retiree Insurance premiums must not be greater than 70% of your gross monthly Retiree Income from the ORP. If your Retiree Income is not adequate to meet this minimum, then the GIC will send a bill for your insurance premiums directly to you. You will be responsible for paying the “Direct Bill”.
- *Income Type:* Your monthly income from the ORP must be drawn as either a lifetime annuity or Systematic Withdrawals that are structured for your life expectancy.

You can find detailed information about the requirements for a “Retiree Income” on the ORP web pages ([www.mass.edu/orpp](http://www.mass.edu/orpp)).

**Gross (expected) Monthly, ORP “Retiree Income”:** \$ \_\_\_\_\_

#### **Step 4.**

##### ***Submit Your Provider’s Benefit Application to the ORP Plan Administrator***

Complete your Provider’s application for your Retiree Income on-line at your Provider’s web site. If you have a paper application, then send the entire, original package (*with this Checklist*) to the ORP Plan Administrator for authorization.

Secure Fax: 617-994-6951

ORP Plan Administrator  
Department of Higher Education  
One Ashburton Place Room 1401  
Boston, MA 02108

The Plan Administrator will review your application for a Retiree Income, and if appropriate, authorize your Provider to begin payments to you.

##### ***Deferred Retirees Becoming Retirees***

Report your status change: Deferred Retirees and participants who have not purchased benefits from the GIC after terminating employment and wish to become “Retirees” must contact either their campus or the Department of Higher Education to complete either GIC Form-1A with your campus’ Benefits Administrator, or GIC Form RS with the ORP Administrator. This form is used to report your intent to become a “Retiree” to the Insurance Commission.

Follow Steps 2 – 3 – 4: Select your Retiree Insurance coverages, and then follow the steps outlined above.

##### ***Contact Information***

###### Group Insurance Commission:

- Web site: [www.mass.gov/gic](http://www.mass.gov/gic)
- Telephone: 617-727-2310

The Department of Higher Education: The Department of Higher Education is the ORP Plan Administrator.

- Web site: [www.mass.edu/orp](http://www.mass.edu/orp)
- Email: [ORP@bhe.mass.edu](mailto:ORP@bhe.mass.edu)
- Secure Fax: 617-994-6951

ORP Providers:

Fidelity Investments

- Web site: [www.fmr.com](http://www.fmr.com)
- Telephone: 603-865-6266

TIAA-CREF

- Web site: [www.tiaa-cref.org](http://www.tiaa-cref.org)
- Telephone: 800-842-2776