### Basic Life, Health, LTD and Optional Life Coverage

**Effective Date:** 01/01

<table>
<thead>
<tr>
<th>Description</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Only</td>
<td>[ ]</td>
</tr>
<tr>
<td>Long Term Disability (LTD)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Basic Life and Health</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- **Health Plan:**
  - [ ] Fallon Direct (HMO)
  - [ ] Fallon Select (HMO)
  - [ ] Harvard Pilgrim Independence (PPO)
  - [ ] Harvard Pilgrim Primary Choice (HMO)
  - [ ] Health New England (HMO)
  - [ ] NHP Care – Neighborhood Health Plan (HMO)
  - [ ] Tufts Health Plan Navigator (PPO)
  - [ ] Tufts Health Plan Spirit (HMO-type)
  - [ ] UniCare State Indemnity/Basic (CIC) Yes [ ] No [ ]
  - [ ] UniCare/Community Choice (PPO-type) [ ]
  - [ ] UniCare/PLUS (PPO-type) [ ]

- **Optional Life:**
  - [ ] Automatic Increase – Family Status Change
  - [ ] Non Automatic Increase – Family Status Change

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic Increase</td>
<td>$</td>
</tr>
<tr>
<td>Family Status Change</td>
<td>$</td>
</tr>
</tbody>
</table>

### LEAVE OF ABSENCE

**Effective Date:** 01/01

<table>
<thead>
<tr>
<th>Leave Type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid</td>
<td>Part [ ] Full [ ]</td>
</tr>
</tbody>
</table>

#### LEAVE OF ABSENCE

- [ ] Educational
- [ ] Maternity
- [ ] Sabbatical
- [ ] FMLA (26 weeks)
- [ ] Military caregiver (26 weeks)
- [ ] FMLA military exigency (12 weeks)
- [ ] Family (for dep c < age 3)
- [ ] Other

**Leaves:***
- [ ] Industrial accident
- [ ] Suspension
- [ ] Military

**Medical Evidence of Insurability:**
- [ ] Maternity
- [ ] Personal illness
- [ ] Industrial accident

**Marriage, Divorce:**
- [ ] Birth
- [ ] Adoption
- [ ] Death of Spouse

**LEAVE DATE:**
- [ ] Leave start date
- [ ] Leave end date
- [ ] Last day on payroll

### INSURED CHANGES

**Effective Date:** 01/01

<table>
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<tr>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Eligible</td>
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</tr>
<tr>
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<td>[ ]</td>
</tr>
</tbody>
</table>

#### INSURED CHANGES

- [ ] Retirement
- [ ] Transfer to another Agency
- [ ] Transfer from another Agency

**Termination Reason:**
- [ ] Disability
- [ ] Death
- [ ] Retirement
- [ ] Other

**Termination Date:**
- [ ] 39-week layoff coverage
- [ ] Deferred Retiree
- [ ] Conversion (must complete COBRA application)

**Deduction Authorization:**
- [ ] Medicare Eligible
- [ ] Spouse

**Health Insurance:**
- [ ] Medical evidence of insurability
- [ ] Family status change

**At Retirement:**
- [ ] Medicare plan
- [ ] COBRA

**Signature of Applicant:**
- [ ] Date

**Signature of Authorized Official:**
- [ ] Date

**FOR GIC USE ONLY:**
- [ ] Entered
- [ ] Verified
- [ ] Political Subdivision