





Required Process for Reduced Waiting Period Implementation:

- 1. Go to the MAGIC **Search** page.
- Enter the new hire's Social Security (SSN) in the Insured GIC ID field.
- 3. Click Search.

MAGI Group Insurance Commi	S ission	1		
Search				
Insured GIC ID	Search By Insured GIC ID	/ Employee ID/ Reference ID	2	
Insured Name Search	Last Name	First Name		
Family Name Search	Family Last Name	Family First Name		
	Search			
		3		



1. Click Here to add the new hire.





Enter the following information:

- 1. Insured Information.
- 2. Primary Address.

3. Contact Information.

*The **Preferred Email** address is required for all new hires (Can be personal or work email).

4. Employment Information.

*The new hire can be entered 14 days prior to the new employee's hire date or up to 7 days after the new employee's hire date.

Insured Information				
SSN	ender	Select 🗸		
Date Of Birth	Agency/Division		Status	ACT - Active Employ
Last Name		Suffix		
First Name		М		
-Primary Address	2			
Address				
Address2				
Address3				
City	State	Select 🗸	Country	
Zip				
Add Another Address	3			
Contact Information	Desferred Excell			
Preferred Phone	Preferred Email			
Employment Information				
Hire Date	Work hours/week			
Annual Salary	Salary Eff Dt			
4				



- 1. Review the Attestation.
- Click the check box.
 *Coordinator Name,
 Coordinator MAGIC User ID
 and Date is auto populated.
- 3. Click Submit.

2	
	Attestation I certify that the information entered is accurate and authorize the employee to enroll in GIC benefits. I also certify that the employee is eligible for GIC benefits in accordance with GIC's Rules and Regulations, works at least 18.75 hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek and contributes to a public sector retirement system. For GIC burposes, OBRA is not an eligible retirement system. Coordinator Name Coordinator MAGIC User ID Date
	Submit Cancel



- 1. The New Hire's account is created.
- 2. The *Welcome Registration email* will be sent within 24-48 hours to the **Preferred Email**.
- **3.** Portal Registered will update to Yes once the employee has registered.

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GIC-ID:			NAME:	EMPLOYEE, SAMPLE		SEX:		
SSN:			ADDRESS:	1 TEST LANE				
EMPLOYEE ID:				021	02108			
STATUS:	ACT		AGENCY / DIVISION:	ON:		DOB:		
HIRE DATE:			SALARY (\$):			SALARY EFF DATE:		
FULL TIME HOURS:	40.00		STANDARD HOURS:	40.00				
REFERENCE NO:			TERM DATE:			TERM REASON:		
Phone / Email								
HOME/CELL PHONE: 555-55		5-1111		HOME EMAIL:				
PREFERRED PHONE:					PREFERRED EMAIL:		SAMPLEEMPLOYEE@MAIL.COM	
WORK PHONE:					WORK EMAIL:			
PORTAL REGISTERED: NO		3						
							2	