

COBRA MEDICAL FSA CONTRIBUTION FORM

INSTRUCTIONS & DEADLINE FOR PREPAYMENT – Use this form to elect to fully fund your State Plan Medical FSA elections for the current Plan Year from your final paycheck.

- This form must be submitted to your agency payroll department prior to your termination date in order to have deductions taken from your final paycheck on a pretax basis.
- If you do not complete this form, or do not have enough funds available in your final paycheck to pay your remaining Medical FSA election on a pretax basis, but have a positive balance in your Medical FSA account at the time of your termination, you may be eligible to continue your monthly Medical FSA contributions under COBRA until the end of the Plan Year. For more information about the COBRA option, contact Allegiance COBRA Services, Inc. at (800) 259-2738.
- The Health Care & Benefits Division (HCBd) website, www.benefits.mt.gov, includes important information to help you understand your benefit options.

PERSONAL INFORMATION

EMPLOYEE ID# _____ LAST NAME _____ FIRST NAME _____ MI _____

BIRTH DATE ____ - ____ - _____ TERMINATION DATE (LAST DAY WORKED) _____

TERMINATION PAY PERIOD ENDING _____

PREPAY BENEFITS – The prepayment option is for terminating employees who participate in the Medical FSA Plan and wish pay, in full, their Medical FSA Plan Year election on a pretax basis from their final paycheck.

NOTE: Benefits will be taken from the final paycheck on a pretax basis. Prepayment is limited to the remaining benefit election for the months remaining in the current Plan Year. No refund of prepaid payments is available.

EMPLOYEE COMPLETE

- I am electing continuation of my Medical FSA for the current Plan Year in the State of Montana Benefit Plan (State Plan).
- I elect to have \$_____ withheld from my final paycheck to fund the remaining Plan Year elections to my Medical FSA. (Limited to the remainder of the current Plan Year and availability of funds in final paycheck.)

Signature: _____ Date: _____

FOR AGENCY PERSONNEL USE ONLY

Determine the total additional amount to be withheld from the final paycheck. List the month/year of coverage, payment for each type of coverage and total payments for each month (do not include the grandfathered month).

Month/Year	Medical FSA	Dependent FSA	Admin Fee	Debit Card Fee	Total
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
		NA			
TOTALS					



Language Assistance – General Taglines

State of Montana is required by federal law to provide the following information.

- **Arabic:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك ابلماجن. اتل صر بقم 1063-999-855-1 رقم . مكبهاتف اصلم والحولم
- **Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-999-1062 (TTY: 1-855-999-1063)
- **English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-999-1062 (TTY: 1-855-999-1063).
- **Haitian Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-999-1062 (TTY: 1-855-999-1063).
- **French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-999-1062 (ATS: 1-855-999-1063).
- **German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).
- **Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-999-1062 (TTY: 1-855-999-1063).
- **Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-999-1062 (TTY: 1-855-999-1063) まで、お電話にてご連絡ください。
- **Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.
- **Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).
- **Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).
- **Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телетайп: 1-855-999-1063).
- **Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).
- **Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-999-1062 (TTY: 1-855-999-1063).
- **Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-999-1062 (TTY: 1-855-999-1063).

State of Montana Non-Discrimination Statement: State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact customer service at 855-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email: John Pavao, State Diversity Program Coordinator - Department of Administration State Human Resources Division, 125 N. Roberts, P.O. Box 200127, Helena, MT 59620, Phone: (406) 444-3984 Email: jpavao@mt.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

