

## DECLARATION OF TAX STATUS FORM

**INSTRUCTIONS** – Use this form to declare the tax status of your covered spouse/domestic partner.

- Return this form to the Health Care & Benefits Division (HCBD), PO Box 200130, Helena, MT 59620-0130.
- The State of Montana is required by the Internal Revenue Service to apply the proper tax treatment (before or after tax) to the State Plan monthly benefit contributions for the benefit plans in which your spouse or domestic partner is enrolled. Therefore, it is important that you provide the tax status of your enrolled spouse or domestic partner.
- The qualification of your spouse or domestic partner for tax purposes does not affect their eligibility for the medical, dental, or vision plans, but it does impact the tax treatment of the monthly benefit contributions required for those plans. A flowchart is available on the Health Care & Benefits Division website, [www.benefits.mt.gov/Forms](http://www.benefits.mt.gov/Forms), to assist you in determining and verifying the tax status of your spouse or domestic partner.
- The monthly benefit contribution for a spouse will default to the pre-tax plan. The monthly benefit contribution for a domestic partner will default to an after-tax status.
- If your monthly benefit contribution is required to be taken after tax, the fair market value of the monthly benefit contribution provided by the State of Montana (i.e., the monthly benefit contribution funded by State Share) for your spouse or domestic partner will be added to your taxable income. The benefits provided by the State Plan (medical, dental, or vision) will not be considered taxable income, again only the monthly benefit contribution is considered taxable.
- See the tax status flowcharts on the Health Care & Benefits website, [www.benefits.mt.gov/Forms](http://www.benefits.mt.gov/Forms), for an overview of the tax implications; however, given the complexity of those rules, we recommend you consult with your tax advisor regarding your specific circumstances.

### EMPLOYEE INFORMATION

EMPLOYEE ID# \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

### SPOUSE OR DOMESTIC PARTNER INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

**DECLARATION OF TAX STATUS** – If you check "No", the monthly benefit contribution for your spouse or domestic partner will not be taken on a pre-tax basis and the fair market value of the monthly benefit contribution provided by the State of Montana (i.e., the monthly benefit contribution funded by State Share) for your spouse or domestic partner will be added to your taxable income.

- Yes, this person is my spouse or domestic partner for tax purposes.
- No, this person is not my spouse or domestic partner for tax purposes.

**READ AND SIGN** – I understand the State of Montana is required to confirm whether my spouse or domestic partner meets the appropriate definition(s) for tax purposes for the monthly benefit contribution required by the State Plan for medical, dental, and/or vision. I certify the information I have provided is true. I understand this information will be held confidential and will be subject to disclosure only upon my express written authorization or if otherwise required by law. I agree to notify the Health Care & Benefits Division if there is any change in these circumstances within thirty (30) days of the change and I am aware changes may impact the tax treatment of my coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Language Assistance – General Taglines

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

- **الغة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك ابلمجان. اتل صد ريقم 1063-999-855 (رقم 1-855-999-1062). مكبهاتف اصلم والحولم
- **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)
- **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).
- **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).
- **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).
- **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).
- **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).
- **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。
- **주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.
- **UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).
- **ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).
- **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телетайп: 1-855-999-1063).
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).
- **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).
- **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](mailto: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)