

State of Montana – Dept of Administration
 Health Care and Benefits Division
 Phone: (800)287-8266
 Fax: 406-444-0080
 P.O. Box 200130
 Helena MT 59620-0130
 E-mail to benefitsquestions@mt.gov

Live Life Well Discount Transfer Request

Please fax completed request to 406-444-0080

****Please ensure form is filled out in its entirety****

Transfer Information	
Name of Individual requesting transfer:	
Phone Number:	
Transfer Discount From:	Transfer Discount To:
Employee Name:	Employee Name:
Employee Number*:	Employee Number*:
<p>It is my desire to transfer my discount to my family member. I understand that in order for the transfer to take effect, the transfer or must agree to discontinue their right to the discount amount and Health Care and Benefits Division must verify health screening attendance and continuous medical coverage. I understand that discount transfer requests cannot be made prior to the year the discount comes into effect and transfers are NOT retroactive to any premiums already applied.</p> <p>I agree and understand the terms outlined above.</p> <p>Employee Signature: _____</p>	<p>I agree to accept the discount transfer. I understand that in order for the transfer to take effect, the transferor must agree to discontinue their right to the premium discount amount and Health Care and Benefits Division must verify health screening attendance and continuous medical coverage. I understand that discount transfer requests cannot be made prior to the year the discount comes into effect and transfers are NOT retroactive to any premiums already applied.</p> <p>I agree and understand the terms outlined above.</p> <p>Employee Signature: _____</p>
Monthly Discount Amount to be Transferred:	
Reason for the transfer request:	

* Your Employee Number is your employee ID assigned by the SABHRS application. This is the six digit number that can be found on your paychecks, pay advices, or on your State of Montana identification badge. If you need further assistance identifying your employee number, please contact your payroll office.

INTERNAL USE ONLY		
New Discount Information		
Emplid:	Discount Was:	Discount Now:
Emplid:	Discount Was:	Discount Now: