

### RETIREE BENEFIT TERMINATION FORM

Use this form to terminate your State of Montana Benefit Plan (State Plan) coverage and assert or waive your Retiree Retreat Right<sup>1</sup>. Your form must be sent to Health Care and Benefits Division (HCBD) and be postmarked by the last day of the month you wish to terminate.

Please return the completed form to Health Care and Benefits Division, PO Box 200130, Helena, MT 59620-0130, fax 406.444.0080 or e-mail [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

Upon receipt of this form, HCBD will send you a letter confirming your termination and a certificate of creditable coverage.

<b>Policyholder Name:</b> _____	
<b>Telephone Number (Cell or Home):</b> ____-____-____	<b>Date of Birth:</b> ____-____-____ (MM-DD-YYYY)
<b>Indicate the month and year you want your coverage to end.</b>  ____-____ (MM-YYYY)* *The month listed must occur in the future	

Please indicate the reason you are terminating your State Plan coverage.

- I am terminating due to enrollment in another health plan offering “minimum essential coverage” as defined by federal law, including, but not limited to, a spouse/domestic partner’s plan, an individual plan Health Insurance Marketplace plan, or Medicare supplement and therefore qualify for Retreat Rights<sup>1</sup>.
- I am terminating for reasons **other** than enrollment in another health plan. *I understand that if I terminate my State Plan for any reason other than enrollment in another health plan, I waive my Retiree Retreat Rights<sup>1</sup>.*

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date

#### <sup>1</sup>Retiree Retreat Rights:

Retirees who leave the State of Montana Benefit Plan (State Plan) due to enrollment in another health plan offering “minimum essential coverage” as defined by federal law will have a one-time opportunity to return to the State Plan. This is called a Retreat Right.

- A retiree wishing to re-enroll in State Plan coverage must notify the Health Care and Benefits Division (HCBD) within two years of their State Plan termination date.
- Re-enrollment is not allowed if there is any lapse in coverage.
- Re-enrollment requests must include a certificate of creditable coverage from the other health plan along with a retiree reenrollment form found on [www.benefits.mt.gov](http://www.benefits.mt.gov).
  - If the retiree voluntarily leaves other coverage within the two-year time period;
    - The retiree may only re-enroll during the Annual Change period (typically held in September and October of each year) following request for re-enrollment;
    - Coverage on the State Plan will be effective January 1 of the following plan year;
    - The retiree must ensure there is not a lapse in coverage when cancelling their other coverage; and
    - Only dependents that were covered at the time the retiree terminated the State Plan will be eligible to re-enroll, unless otherwise allowed by Annual Change rules.
  - If a retiree experiences an involuntary loss of other coverage within the two-year time period;
    - The retiree must notify HCBD within 60 days of losing other coverage to avoid a lapse in coverage;
    - Coverage will begin retroactive to the date your other coverage ends following receipt of re-enrollment forms and payment; and
    - Only dependents that were covered at the time the retiree terminated the State Plan will be eligible to re-enroll, unless those dependents also experienced an involuntary loss of coverage.
  - A retiree’s coverage and cost options for the State Plan after exercising their Retreat Right will be subject to the available plans and eligibility rules of the year in which the retiree is eligible to re-enroll. (See the summary plan document available at [www.benefits.mt.gov](http://www.benefits.mt.gov) to see current eligibility rules.)