

Your benefit choices have been successfully submitted to the Health Care & Benefits Division (HCBD). **You WILL NOT receive a confirmation email.** If you have questions or concerns, please email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) and we will respond as quickly as possible.

**ADDITIONAL ACTION MAY BE REQUIRED! READ CAREFULLY.**

Review the following checklist to make sure you don't miss anything!

- ✓ **Check Your Confirmation Statement** – Click the CONFIRMATION STATEMENT button below to review your benefit and enrollment choices for the Plan Year beginning January 1, 2018. To view this confirmation statement again, you must go back through and resubmit your election choices to be brought to this screen. You will not be able to see your confirmation statement during the month of November. After November 30, 2017, you will receive an email from Health Care & Benefits explaining how to view your current and 2018 benefit elections.
- ✓ **Deadline** - You may change and resubmit your benefit elections as many times as you like through the MINE Employee Self-Service site (<https://mine.mt.gov>) until midnight on November 3, 2017. You may not make any benefit elections or changes after November 3, 2017, for Plan Year 2018, unless you qualify for a Special Enrollment Period. Refer to the Wrap Plan Document (Link to <http://benefits.mt.gov/Publications>) for additional information or on request by calling (800) 287-8266.
- ✓ **Adding a Spouse/Domestic Partner or Child(ren) to Your Plan** - If you are adding a spouse/domestic partner or dependent child(ren) during Open Enrollment, you are required to submit the appropriate [verification of eligibility](#) (Link to: <http://benefits.mt.gov/Enrollment-and-Appeals/Verification-of-Eligibility>) documentation to HCBD by **December 15, 2017**. You may submit this information via email to [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) with the subject line Open Enrollment Dependent Verification. You can also mail it to HCBD, PO Box 200130, Helena, MT 59620, Attention: Open Enrollment Dependent Verification.
- ✓ **Life Insurance Evidence of Insurability (EOI)** - If you elected an increase of more than \$10,000 to Employee Supplemental Life, any increase to Spouse Supplemental Life, and/or a new election of Long Term Disability (LTD), you must complete an Evidence of Insurability (EOI) form before coverage will be issued (coverage elected due to Open Enrollment will not go into effect any sooner than January 1, 2018).  
[Complete the application online](#) (Link to: <https://connection.standard.com/deliver/eeoi/startup1.do?method=startup&microsite=homesite>) or [print a paper version](#) to complete and mail. (Link to: [https://www.standard.com/eforms/16119\\_608088.pdf](https://www.standard.com/eforms/16119_608088.pdf)). **Please be aware, you will not receive another reminder regarding the requirement to complete EOI. Failure to complete EOI will result in NO life insurance increases beyond the \$10,000 allowed without EOI. If you do not currently have Employee Supplemental Life or LTD, you will not qualify for any options without EOI.**
- ✓ **Flexible Spending Account Reimbursement Options** – If you elected Medical and/or Dependent Care (Daycare) FSA, you may use the following links to select your [reimbursement options](#) (Link to: <http://benefits.mt.gov/Flexible-Spending/Reimbursement-Options>). You may do this now or at any time during the Plan Year. Be aware, you cannot select both the Debit Card and Joint

Processing. Even if you sign up for the Debit Card or Joint Processing, you can always file paper or online forms for either account.

- [Elect Flex Debit Card](#) (Link to: <https://www.askallegiance.com/OnlineServices/FlexDebitCard/EEOnly>) - If you have both Medical and Dependent Care (Daycare) FSA and you select the Debit Card for one, you automatically select the Debit Card for the other.
- [Elect Joint Processing](#) (Link to: <https://www.askallegiance.com/OnlineServices/FlexJointProcessing>) The amount of medical claims you are responsible for will be automatically forwarded to Allegiance for processing. (You cannot elect Joint Processing if you or your dependents are covered by multiple health plans.)

#### **To View Your Benefit Elections after November 30, 2017**

1. Access the MINE site
  - a. From work log into MINE (<http://mine.mt.gov>)
  - b. From home or other public place: Go to the State Employee Access site at [www.mt.gov/employee](http://www.mt.gov/employee), select the Employee Self-Service Portal link
2. Select "Employee Self Service"
3. Select "Benefits"
4. Select "Benefits Details"
5. In the date field, enter 01/01/2018 and click 'Go'
6. A button for your final Confirmation Statement will also be available on this page.
7. You can print a copy to keep for your records or access this at any time throughout the year.

If you have difficulty viewing the attachment, please change your page view to "Print Layout" to see all information correctly (View>Print Layout).

**More Information** - If you have any questions, please contact HCBD at (406) 444-7462, (800) 287-8266 or TTY (406) 444-1421 or e-mail [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).