



# ATTENTION REQUIRED

## 2018 Open Enrollment Dependent Verification

December 11, 2017

### 2018 Open Enrollment Verification - ATTENTION REQUIRED!

During the Open Enrollment Period, you were notified via the Benefits Enrollment System that you **MUST** submit documentation verifying eligibility for any dependent(s) you wish to have enrolled on the State Plan effective January 1, 2018. The required documentation **MUST** be received by the Health Care & Benefits Division (HCBD) by December 15, 2017, in order to finalize your dependent's enrollment effective January 1, 2018. Dependent eligibility is outlined in state statute and in the Wrap Plan Document available on the HCBD website, <http://benefits.mt.gov/Publications>.

**You are receiving this notice as HCBD has not received your documentation to date. You MUST submit a copy of the following by December 15, 2017 in order for the dependent you enrolled during the Open Enrollment Period to be added to your State Plan coverage effective January 1, 2018.** If the information is not received by December 15, 2017, your spouse/domestic partner and/or dependent(s) will NOT be enrolled on the State Plan effective January 1, 2018.

#### Dependent children:

1. A copy of your child's/children's birth certificate(s), adoption order, pre-adoption papers; **or**
2. A copy of a court-ordered parenting plan, custody agreement or legal guardianship.

#### Spouse:

1. A copy of your marriage certificate; **or**
2. A copy of the front page of your tax return showing your tax filing status as "married" (you may black out any financial information); **or**
3. A copy of your **recorded and notarized** Affidavit of Common Law Marriage (available on the HCBD website at <http://benefits.mt.gov/forms>).

#### Domestic Partner:

1. A Declaration of Domestic Partner Relationship form (available on the HCBD website at <http://benefits.mt.gov/forms>); **and**
2. Proof of a shared residence: **and**
3. A copy of mutually-granted powers of attorney or health care powers of attorney; **or**
4. A copy of mutual designations of primary beneficiary in wills, life insurance policies or retirement plans.

#### Grandchild(ren):

1. A copy of adoption/pre-adoption papers, **or**
2. A copy of a court-ordered custody agreement or legal guardianship.

#### Stepchildren:

1. Required documentation listed above for Domestic Partner or Spouse, if individual is not enrolled; **and**
2. A copy of your stepchild's/stepchildren's birth certificate(s), adoption order, pre-adoption papers; **or**
3. A copy of a court-ordered parenting plan, custody agreement or legal guardianship.

The required documentation **MUST** be submitted to the following address, email, or fax by December 15, 2017. If the required documentation is not received, your dependent will NOT be enrolled on State Plan coverage effective January 1, 2018.

Attn: Nancy Lightner  
Health Care & Benefits Division  
P.O. Box 200130  
Helena, MT 59620-0130  
Fax (406)444-0080

If you have any questions, please contact Nancy Lightner, (800) 287-8266 ext. 9123 or via e-mail at [nlightner@mt.gov](mailto:nlightner@mt.gov).

### State of Montana Health Care & Benefits Division

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

PO Box 200130, 100 N. Park Avenue, Suite 320, Helena, MT 59620-0130

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Non-Discrimination Notice: The State of Montana Benefit Plan 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. 45 C.F.R. § 92.8(b)(1) and (d)(1)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 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).