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 in 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.

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

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

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