

RETIREE ELECTION FORM

INSTRUCTIONS & DEADLINE FOR ELECTION – Use this form to elect the State Plan coverage you would like upon retiring from the State of Montana.

- This form and payment **must be postmarked or returned within 60 days of the date your active service ends** to: Health Care & Benefits Division (HCBD), PO Box 200130, Helena, MT 59620-0130.
- Include a copy of your, and if applicable your spouse/domestic partner and/or dependent(s), Medicare card if Medicare eligible.
- See the Retirement Health Benefits Planning Book for full details about your State Plan benefit options in retirement.

PERSONAL INFORMATION

Snowbirds: If you plan to live somewhere other than this address for part of the year, be sure to let HCBD know!

EMPLOYEE ID# _____ LAST NAME _____ FIRST NAME _____ MI _____

SOCIAL SECURITY # ____-____-____ RETIREMENT DATE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

OPTION TO TERMINATE BENEFITS – You may find it beneficial to consider switching from the State Plan to a plan available on the Health Insurance Marketplace (under 65) or a Medicare Supplement or Advantage Plan (over 65). Please be aware, as of January 1, 2017, the State Plan is eliminating Retreat Rights, so if you elect to terminate your State Plan coverage, you WILL NOT have an opportunity to reenroll at a future date.

I would like to terminate my State Plan coverage effective ____ (Month/Year).

RETIREE COVERAGE ELECTION – The Previous Coverage box reflects the types of coverage you and any covered dependents had at the time you terminated from the State Plan. Please complete the Coverage to Continue box and indicate the coverage you wish to elect for Retiree coverage, you may only elect to continue the coverage that was in effect when your active employment ended. Cross out a member’s name if you do not want him/her to continue coverage.

- Non-Medicare Retirees (under 65) on the State Plan must be enrolled in Medical, Dental, and Basic Life Insurance.
- Medicare Retirees (over 65) are not required to have Dental coverage and are not eligible for Basic Life Insurance.
- You and/or dependent(s) must be enrolled in the Medical Plan to be eligible for Vision Hardware coverage. All dependents enrolled on the Medical Plan will have Vision Hardware coverage.
- Please refer to the current Summary Plan Document (SPD), <http://benefits.mt.gov/Publications>, for an outline of the State Plan eligibility requirements.

Previous Coverage (M for Medical, D for Dental, V for Vision Hardware)	Name	Coverage to Continue (Circle M for Medical, D for Dental, V for Vision Hardware)	Birthdate	Relationship	SSN
		M D V		Retiree	
		M D V			
		M D V			
		M D V			
		M D V			

MEDICARE STATUS – If you or your spouse/domestic partner is Medicare eligible (over 65) you must enroll in Medicare parts A and B and provide HCBD with a copy of your Medicare card. The State Plan will serve as your Medicare Part D coverage.

I am Medicare eligible My spouse/domestic partner or dependent child(ren) is/are Medicare eligible

METHOD OF PAYMENT – Select one of the payment methods below.

- Monthly deductions from MPERA benefit.
- Monthly self-payment to Health Care & Benefits by check and coupon.
- Electronic deduction from checking or savings. You will need to complete the Electronic Benefits Payment Deduction Authorization Form to activate this option.

SIGNATURE

I request the changes indicated above. I understand if my spouse or I become Medicare-eligible my spouse or I must enroll in both MEDICARE PART A and MEDICARE PART B as of the first of the month of eligibility. I understand enrollment in any Medicare Part D (drug plan) beside the Navitus MedicareRx Prescription Drug Plan (PDP) contracted through the State Plan is NOT permitted and would result in the termination of all my State Plan benefits. I understand I and/or my spouse is responsible for proper Medicare enrollment and that proof of Medicare enrollment will be required by HCBD.

Signature: _____ Date: _____



Language Assistance – General Taglines

State of Montana is required by federal law to provide the following information.

- **Arabic:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك ابداً بلجان. اتصل برقم 1063-999-855 (رقم 1-855-999-1062) مكيفاتف اصلم والحولم
- **Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-999-1062 (TTY: 1-855-999-1063)
- **English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-999-1062 (TTY: 1-855-999-1063).
- **Haitian Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-999-1062 (TTY: 1-855-999-1063).
- **French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-999-1062 (ATS: 1-855-999-1063).
- **German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).
- **Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-999-1062 (TTY: 1-855-999-1063).
- **Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-999-1062 (TTY: 1-855-999-1063) まで、お電話にてご連絡ください。
- **Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.
- **Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).
- **Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).
- **Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телетайп: 1-855-999-1063).
- **Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).
- **Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-999-1062 (TTY: 1-855-999-1063).
- **Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-999-1062 (TTY: 1-855-999-1063).

State of Montana Non-Discrimination Statement: State of Montana 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. State of Montana does not exclude people or treat them differently because 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. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact customer service at 855-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way 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 you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email: John Pavao, State Diversity Program Coordinator - Department of Administration State Human Resources Division, 125 N. Roberts, P.O. Box 200127, Helena, MT 59620, Phone: (406) 444-3984 Email: jpavao@mt.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

HCBDB USE ONLY	MPERA USE ONLY
Retiree Coverage Effective: _____	MPERA Deduction to Begin: _____
Total Payment Due: _____	Retirement Number: _____
Discount: _____	Date Processed: _____
Authorized by: _____	Authorized by: _____

