

RETIREE PREPAYMENT OPTION FORM

INSTRUCTIONS & DEADLINE FOR PREPAYMENT – Use this form to elect to prepay your State Plan coverage from your final paycheck.

- This form must be submitted to your agency payroll department prior to your termination date in order to have deductions taken from your final paycheck.

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 (LAST DAY WORKED) _____

TERMINATION PAY PERIOD ENDING _____

PREPAY BENEFITS – The prepayment option is for those terminating employees who participate in the pre-tax plan and wish to pay future Retiree benefits from their final paycheck on a pretax basis.

NOTE: Benefits will be taken from the final paycheck on a pretax basis as long as the employee is in the pretax plan. If not, then benefits are taken after tax. Prepayments is limited to the benefits payments for the months remaining in the current Plan Year. No refund of prepaid payments is available. This means that you should NOT select this option if there is a chance you, a covered spouse, or your covered child(ren) will cease to be enrolled on the State Plan during the prepaid period or if you or your spouse will become Medicare eligible before the end of your prepaid period.

NOTE: If you have not received your Medicare card but are eligible for Medicare, you WILL receive the lower Medicare rate when your payment is calculated. If you are eligible for Medicare (or when you become Medicare eligible), the State Plan will coordinate your State Plan benefits with the benefits you are eligible for with Medicare. Even if you do not enroll in Medicare Parts A and B, the State Plan will pay claims as if you were enrolled, which WILL result in larger out-of-pocket costs for you.

RETIREE COVERAGE ELECTION – In order to elect the prepayment option, you must:

- Complete the Retiree Election Form and any of the applicable forms that pertain to you.
- Complete the Employee Section of the Retiree Prepayment Option Form.
- Return all forms to your agency payroll department prior to your termination.

EMPLOYEE COMPLETE

- I am electing continuation in the State of Montana Benefit Plan (State Plan) as a Retiree.
- I elect to have _____ months of benefits payments withheld from my final paycheck. (Limited to the remainder of the current Plan Year and availability of funds in final paycheck.)

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

Signature: _____ Date: _____

FOR AGENCY PERSONNEL USE ONLY

Determine the total additional amount to be withheld from the final paycheck. List the month/year of coverage, payment for each type of coverage and total payments for each month (do not include the grandfathered month). Use Medicare Rates for Retirees when applicable.

Month/Year	Medical	Dental	Vision Hardware	Basic Life	Medical FSA	Dependent FSA	Admin Fee	Debit Card Fee	Total
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
						NA			
TOTALS									



HEALTH CARE & BENEFITS USE ONLY

Wellness Incentive:

Grandfathered Month:

Grandfathered Month Out of Pocket:

Half Month Collected:

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 ابلمجان. اتل ص ريقم 1063-999-855 (رقم 1-855-999-1062). مكبهاتف 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)

