

# RETIREE PRIMARY PLAN MEMBER CHANGE FORM

## INSTRUCTIONS & DEADLINE

Use this form to make your covered, State of Montana retired, Medicare eligible spouse/domestic partner the primary Plan Member of your State of Montana Benefit Plan (State Plan) in order to take advantage of the Medicare Retiree rate. Changing the primary Plan Member does not constitute a Special Enrollment Period. You cannot add or remove dependents or change coverage elections at this time.

To qualify to change the primary Plan Member, you must:

- Be the current primary Plan Member;
- Be retiring or retired from the State of Montana;
- Be under age 65 (not Medicare eligible); and
- Have a current covered spouse/domestic partner who is over 65 (qualifies for Medicare) and was benefits eligible upon their retirement from the State of Montana.

**This form must be returned to:** Health Care & Benefits Division (HCBd), PO Box 200130, Helena, MT 59620-0130. The requested change will be effective the 1<sup>st</sup> of the month following receipt of the form by HCBd.

## PERSONAL INFORMATION OF CURRENT PRIMARY PLAN MEMBER

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

EMPLOYEE ID# OR SOCIAL SECURITY # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

## PERSONAL INFORMATION OF MEDICARE-ELIGIBLE STATE OF MONTANA RETIREE – CURRENT SPOUSE/DOMESTIC PARTNER COVERED UNDER THE PRIMARY PLAN MEMBER

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

EMPLOYEE ID# OR SOCIAL SECURITY # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

## READ AND SIGN

I request to make my spouse/domestic partner the primary Plan Member of our State of Montana Benefit Plan (State Plan). By signing below, I certify that the above information is correct, and my coverage elections are considered an irrevocable agreement for this benefit year and I understand I can only make changes to my State Plan during Open Enrollment each fall or with a Special Enrollment Period as defined in the Summary Plan Document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Language Assistance – General Taglines

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

- **ظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك ابلمجان. اتل صد ريقم 1063-999-855 (رقم 1-855-999-1062) مكيهاتف اصلم والحولم
- **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)
- **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).
- **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).
- **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).
- **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).
- **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).
- **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。
- **주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.
- **UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).
- **ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).
- **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телетайп: 1-855-999-1063).
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).
- **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).
- **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](mailto: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)

