



## INSTRUCTIONS

Return completed form to Health Care and Benefits Division, PO Box 200130, Helena MT 59620-0130

**WAIVER OF COVERAGE** – If waiving enrollment in the Employee Group Benefits Plan, please complete the Name/Address section and mark the Waiver of Coverage box, then sign and date the form in Part 5.

**NEW ENROLLMENT/RE-ENROLLMENT** – If enrolling for coverage: **a)** complete all applicable sections of Part 1, including the Pre-Tax section; **b)** mark the effective date of coverage you select, after reading the *EFFECTIVE DATE* section below; and **c)** list the names and other information for all *dependents\** to be insured in Part 3.

- **Re-enrollees** - Employees will have a 12-month waiting period for coverage of any pre-existing medical conditions if health care coverage lapsed for more than 63 days.
- The **Joint Core** provision gives employees whose spouse also works for the State medical & dental coverage for dependent child(ren) with only one family deductible and one out-of-pocket maximum **and** may have a lower contribution.

**CHANGES TO DEPENDENT COVERAGE** –To make dependent changes: **a)** check the *Qualifying Event\*\** necessitating the change and provide the date of the event in Part 2 (also provide any indicated documentation such as a divorce decree or, for a major change in other coverage, documentation of benefits and contributions before and after the change); and **b)** list the names and other information for affected *dependents\** in Part 3, if applicable.

*\*Eligible Dependent* is defined in the Employee Benefits Summary Plan Document. It is the employee's responsibility only to enroll, re-enroll, or add dependents that satisfy the definition of eligible dependent and to remove from coverage any dependents that become ineligible as a result of divorce or some other change of circumstances. Contact your agency benefits personnel immediately when dependents become ineligible for coverage. *The employee will be held responsible for repayment of any claims dollars paid for an ineligible dependent which exceed contributions collected for the ineligible dependent. Also, any excess contributions paid for coverage of a dependent who ceases to be eligible cannot be refunded if you are in the Pre-tax Plan.*

**EFFECTIVE DATE** – All effective dates are determined as follows:

**Effective Date for New Enrollment:**

- Enrollee may choose date of hire or first day of pay period following receipt of form. *If neither option is chosen, the enrollee effective date will default to the first day of the pay period following receipt of the form.* Form must be received at Health Care and Benefits Division within 31 days of hire date. Some contributions may be paid on an after-tax basis if you elect date of hire.

**Effective Date for Addition of Dependents:**

- The first day of the pay period following receipt of form, with the exception of birth and adoption. Form must be received at Health Care and Benefits Division within 63 days of qualifying event.
- *Birth and adaption, forms must be received within 63 days after the 31 days of automatic coverage (94 days from date of birth/adoption).*
  - **Birth:** the effective date is always the date of birth
  - **Adoption:** enrollee may choose an effective date which can be the date of adoption or the first day of the full pay period following receipt of form. *If neither option is chosen, the enrollee effective date will default to the first day of the pay period following receipt of the form.*

**Effective Date for Deletion of Dependents:**

- First day of the pay-period following the *Qualifying Event\*\**
  - Divorce, legal separation, and Domestic Partner contributions will be taken through the end of the month in which event occurs.
  - Refunds will not be allowed for late notification.
  - Death – effective date will be the day after death.

**\*\*Qualifying Event – For adding Dependents after an employee's initial 31-day enrollment period:**

•Events creating new dependent status – marriage, domestic partner declaration, birth of a child, adoption or pre-adoption placement, court-ordered custody, a medical child support order, legal guardianship.

•For existing dependents (who were not initially enrolled because of other group medical benefits coverage), events causing loss of eligibility for the other coverage, such as termination of a spouse's employment or a major adverse change in the other coverage. *Dependents can also be added to the dental and vision plans each Annual Change Period.*

**\*\*Qualifying Event – For an employee on the Pre-Tax Plan to delete a dependent or dependents from coverage mid-year:**

•Events causing loss of dependent status and therefore, eligibility for State employee benefits such as divorce, legal separation, dissolution of a domestic partner relationship, or death of a dependent (all require documentation except the event of a death);

•A change in the employee's employment status (such as leave without pay);

•Changes in dependent's employment or legal status which make them eligible for other group insurance coverage (such as employment of a spouse, marriage of a dependent child, or a change in a child support decree, or a major change in the other benefits coverage, such as a new plan option.

**DECLARATION OF TAX STATUS** –

The State of Montana is required by the Internal Revenue Service to apply the proper tax treatment (before or after-tax) to benefits for spouse/domestic partner currently enrolled in medical, dental, or vision benefits. Therefore, it is important that you provide the tax status for each of these individuals enrolled. The qualification of these individuals as your spouse or domestic partner for tax purposes does not affect their eligibility for the medical, dental, or vision plans, but does impact the tax treatment of that coverage.

Flowcharts are provided to assist you in determining and verifying the tax status of your spouse or domestic partner. The flowcharts provide the most complete overview of the tax rules possible; however, given the complexity of those rules, we recommend that you consult with your tax advisor regarding your specific circumstances.

For each spouse/domestic partner enrolled in medical, dental, or vision benefits, check one of the two boxes next to their name in Part 3. If you do not indicate a the tax qualification status, contributions for those persons will be taken on an after-tax basis, and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for those persons who will be added to your taxable income. With respect to any person for whom you have checked "Non-qualified," contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income.