

RETIREE RE-ENROLLMENT REQUEST FORM

Use this form to request re-enrollment in State of Montana Benefit Plan (State Plan) coverage. Forms must be postmarked or returned to Health Care and Benefits Division (HCBD) within **two years** of the date your State Plan coverage ended.

If you qualify for re-enrollment, you will receive a benefit enrollment packet in the mail.

Please return the completed form and a certificate of creditable coverage from your other health plan to Health Care and Benefits Division, PO Box 200130, Helena, MT 59620-0130, fax 406.444.0080 or e-mail benefitsquestions@mt.gov.

Policyholder Name: _____	
Telephone Number (Cell or Home): ____-____-____	Date of Birth: ____-____-____ (MM-DD-YYYY)

You may only return to the State Plan if your coverage under another health plan is ending. Please indicate if your loss of coverage was involuntary or voluntary.

- Voluntary (your other health plan coverage was canceled at your request)
- Involuntary (i.e. loss of coverage due to retirement, job loss, loss of eligibility, etc.)

I would like to re-enroll in State Plan coverage. I have enclosed a copy of my certificate of creditable coverage letter from my current health plan demonstrating continuous coverage. I understand I am not eligible to re-enroll in the State Plan if I have not submitted this form within two years of my State Plan coverage termination date. I understand my coverage will not be effective until January 1 of the next plan year, unless I have involuntarily lost my current coverage.

Policyholder Signature

Date

¹Retiree Retreat Rights:

Retirees who leave the State of Montana Benefit Plan (State Plan) due to enrollment in another health plan offering "minimum essential coverage" as defined by federal law will have a one-time opportunity to return to the State Plan. This is called a Retreat Right.

- A retiree wishing to re-enroll in State Plan coverage must notify the Health Care and Benefits Division (HCBD) within two years of their State Plan termination date.
- Re-enrollment is not allowed if there is any lapse in coverage.
- Re-enrollment requests must include a certificate of creditable coverage from the other health plan along with a retiree reenrollment form found on www.benefits.mt.gov.
 - If the retiree voluntarily leaves other coverage within the two-year time period;
 - The retiree may only re-enroll during the Annual Change period (typically held in September and October of each year) following request for re-enrollment;
 - Coverage on the State Plan will be effective January 1 of the following plan year;
 - The retiree must ensure there is not a lapse in coverage when cancelling their other coverage; and
 - Only dependents that were covered at the time the retiree terminated the State Plan will be eligible to re-enroll, unless otherwise allowed by Annual Change rules.
 - If a retiree experiences an involuntary loss of other coverage within the two-year time period;
 - The retiree must notify HCBD within 60 days of losing other coverage to avoid a lapse in coverage;
 - Coverage will begin retroactive to the date your other coverage ends following receipt of re-enrollment forms and payment; and
 - Only dependents that were covered at the time the retiree terminated the State Plan will be eligible to re-enroll, unless those dependents also experienced an involuntary loss of coverage.
 - A retiree's coverage and cost options for the State Plan after exercising their Retreat Right will be subject to the available plans and eligibility rules of the year in which the retiree is eligible to re-enroll. (See the summary plan document available at www.benefits.mt.gov to see current eligibility rules.)