# STATE PLAN MID-YEAR BENEFIT CHANGES

If you wish to make a change to your State of Montana Benefit Plan (State Plan) due to a Special Enrollment Event (i.e. marriage, birth, divorce, gain/loss of coverage, etc.) you must do so within 60 days of the date of the event (91 days if the event is birth or adoption).

|  | Benefit Enrollment and Change           | 25 |            | Wh<br>Spec<br>marr<br>oss/                      |
|--|---|----|------------|---|
| We   | lcome                                   |    | (          | or er   |
| Case s<br>Passy<br>Case s  | Name * ensitive vord * ensitive Login > |    | \<br> <br> | Get<br>/isit<br>outto<br>lf ac<br>auto<br>regis |
| First  | er to create your<br>ame and password.  |    | r          | f yo<br>nam<br>'stat                            |
|  | Change My<br>Benefits                   |    |            | For<br>1. '                                     |
| ▼ LIFE EVENT<br>Examples:<br>Marriage/Divorce<br>Birth/Death     |   |    |            | 3.<br>4.  |
| Accidental Death & Dis   | memberment Election                     |    |            |   |
| Birth or Adoption  |   |    |            |   |
| Dependent Gains Benefits Elsewhere                               |   |    |            | Beg   |
| Dependent Loses Coverage Elsewhere                               |   |    |            |   |
| Divorce / Legal Separation / Dissolution of Domestic Partnership |   |    | I          | Ele   |
| Employee Gains Benefits Elsewhere                                |   |    | -          | 1. (  |
|  | Employee Only Coverage                  |    |            | 2.  |
|  | nt of Domestic Partnership              |    |            | 3.  |
| Tobacco Surcharge Upo  | date                                    |    | -          |   |

#### nat will I need?

cial Enrollment documentation showing proof of event (ex: riage certificate, divorce decree, birth certificate, proof of gain of other coverage), to upload during on-line enrollment mail to benefitsquestions@mt.gov.

### t Started

benefits.mt.gov, click the Benefit Enrollment and Changes on, and login by entering your user name and password. ccessing on the State of Montana network, you will matically enter the system and will not be required to ster.)

u are a first-time user, click on 'Register' to set up your user e, password and security questions. The Company Key is teofmontana" (note: it's case sensitive).

# rgot User Name or Password

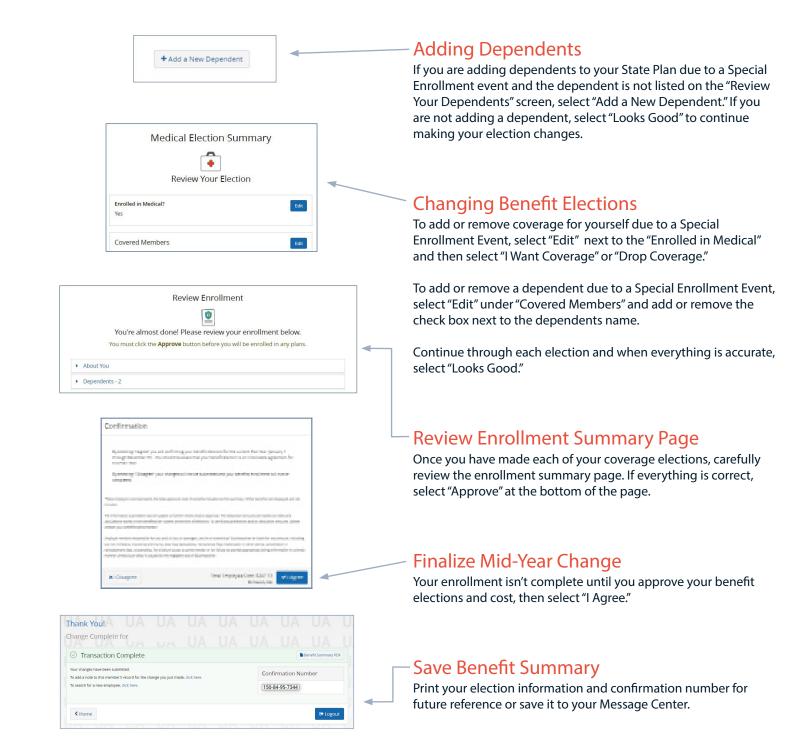
- Visit benefits.mt.gov click the Existing Member Benefit Changes, and click on the 'Forgot your user name or password?' link.
- Enter your social security number, company key, and date of birth.
- Answer your Security Phrase.
- Enter and confirm your new password, then click 'Continue' to return and login.

## gin Enrollment For Mid-Year Change ction

- Click 'Change My Benefits.'
- Select the special enrollment event that applies to you.
- Select the date of the event and click continue.



Update Dependent Demographic Information Only

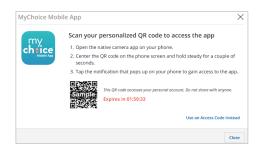


# Enroll On The Go

Enroll in your benefits from your mobile device. Download the MyChoice Mobile app for Apple or Android devices. To setup secure access to your account in the app, scan your unique QR code which is available on the home page of the enrollment system.

#### Questions

Your enrollment isn't complete until you confirm your benefit elections and cost. If you have any questions contact HCBD at (800) 287-8266, TTY (406) 444-1421, or via email at <u>benefitsquestions@mt.gov.</u>





(800) 287-8266 benefits.mt.gov benefitsquestions@mt.gov Company Key: stateofmontana