

# State Plan Mid-Year Benefit Change

If you wish to make a change to your State of Montana Benefit Plan (State Plan) due to a qualifying 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).

You will be required to provide documentation showing proof of the qualifying event (ex: marriage certificate, divorce decree, birth certificate, proof of loss or gain of other coverage). Documentation may be uploaded when completing the online enrollment or by emailing the documentation to [BenefitsQuestions@mt.gov](mailto:BenefitsQuestions@mt.gov). For more information on Mid-Year Changes visit [benefits.mt.gov/MidYearChange](https://benefits.mt.gov/MidYearChange).

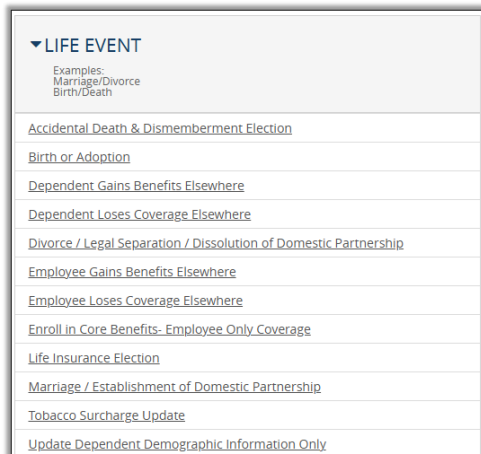
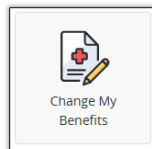
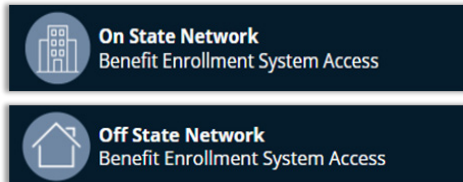
## Qualifying Events to Add Dependents

- Adoption and/or Pre-Adoption Placement
- Birth of Child
- Court-Ordered Custody
- Declaration of Domestic Partnership
- Legal Guardianship
- Loss of Other Group Medical Coverage
- Major Adverse Change in Other Coverage
- Marriage
- Medical Child Support Order

## Qualifying Events to Remove Dependents

- Death
- Dependent Child Reaches Age 26
- Dependent Eligible for Other Group Medical Coverage
- Divorce
- Dissolution of Domestic Partnership
- Legal Separation

## How to Complete Your Online Mid-Year Change



## Access & Login

Access the benefits enrollment system at [benefits.mt.gov](https://benefits.mt.gov).

If you are accessing the system on the State of Montana network, click “On State Network Benefit Enrollment System Access” to enter automatically. No registration is required.

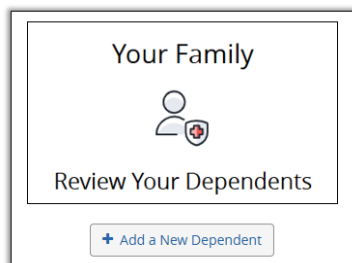
If you are accessing the system outside of the State of Montana network, click “Off State Network Benefit Enrollment System Access” and follow the login prompts.

- If you forgot your user name and password, click the “Trouble Logging In?” link and follow the prompts.
- If you are a first time user, you will need to register by creating a user name and password and answering security questions. The case-sensitive company key is **stateofmontana**.

## Begin Mid-Year Change Election

1. Click “Change My Benefits.”
2. Select the “Life Event” that applies to you.
3. Select the date of the event and click continue.
4. Follow the prompts.





**Your Family**

Review Your Dependents

[+ Add a New Dependent](#)

## Add Dependents

If you are adding dependents to your State Plan benefits due to a qualifying event and the dependent is not listed on the “Review Your Dependents” screen, click the “Add a New Dependent” button.

If you are not adding a dependent, select “Looks Good” to continue making your mid-year change.

## Remove Dependents

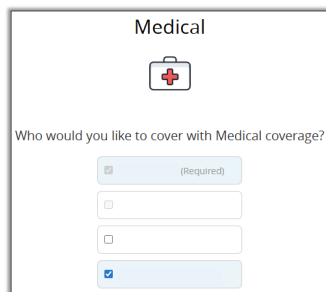
If you are removing dependents from your State Plan benefits due to a qualifying event you will need to uncheck the box next to the dependent name for each of the benefit coverages you want to remove.

**Note:** You cannot remove the dependent from the “Review Your Dependents” section.

## Change Benefit Elections

To add or remove coverage for yourself due to a qualifying event, select “Edit” next to “Enroll in Medical” and then select “I Want Coverage” or “Drop Coverage.”

Continue through each election coverage option and when everything is accurate, select “Looks Good.”



**Medical**

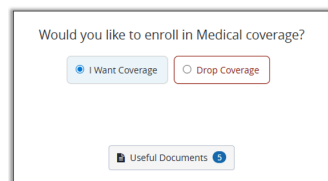
Who would you like to cover with Medical coverage?

☐ (Required)

☐

☐

☒



Would you like to enroll in Medical coverage?

☒ I Want Coverage ☐ Drop Coverage

[Useful Documents](#)

## Review & Confirm Mid-Year Change

Once you have completed each of your updated coverage elections, carefully review the enrollment summary page. If everything is correct, select “Approve” at the bottom of the page.

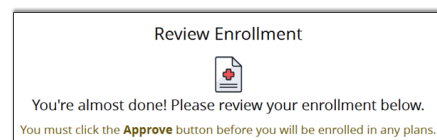
You will then be prompted to confirm your benefits enrollment. Your benefit elections are not confirmed until you select “I agree.”

If any further action is required, instructions for how to complete the outstanding task be displayed.

**Note:** Your Mid-Year Change will not be effective until proof of the qualifying event is provided. Once the required documentation is provided, dependent coverage will be placed or removed retroactively to the applicable effective date and any retroactive contributions or credits will be reflected on your paycheck. Documentation requirement details at [benefits.mt.gov/eligibility](https://benefits.mt.gov/eligibility).

## Save Benefit Summary

Print your election information and confirmation number for future reference. A copy will also be available in your benefits enrollment account.



**Review Enrollment**

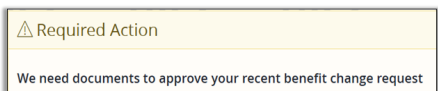
You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.



**Confirmation**

[✕ I Disagree](#) Total Employee Cost: \$219.00 BI-Weekly (24) [☑ I Agree](#)



**Required Action**

We need documents to approve your recent benefit change request.



[Benefit Summary PDF](#)

