



HEALTH CARE & BENEFITS DIVISION

February 26, 2025

IRS Form 1095-C Now Available

The IRS Form 1095-C reports to the IRS if you had the minimum essential health coverage as required under the Affordable Care Act (ACA) for 2024.

How to Access Your Form 1095-C

1. Go to benefits.mt.gov
2. Click "Benefit Enrollment and Changes" and **sign into enrollment system**
3. Go to the *upper right corner* of the screen and **click on your name**. Select **"Personal Documents"**
4. Select **"1095C Employee Statement - 2024 for 2024"**
5. A PDF document will either open in a new tab or be downloaded to your computer



During your initial enrollment, you were prompted to elect if you wanted to receive your Form 1095-C electronically or in the mail. If you did not elect to have your form electronically delivered, you will receive a hard copy in the mail in March.

How to Update Your Form 1095-C Delivery Method

1. **Login** to your account (*see steps 1 and 2 above*)
2. Click **"Profile"**
3. Click **"View/Edit"** next to the **"Electronic 1095 Delivery Consent" user agreement** and follow the prompts.

Note: The IRS Form 1095-C is for your records only and is not required when filing your tax return.

If you have questions, contact HCBD at BenefitsQuestions@mt.gov, (800) 287-8266, or TTY (406) 444-1421.

STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

(406) 444-7462 | TTY (406) 444-1421 | Toll Free (800) 287-8266

100 N. Park Ave. Suite 320 | PO Box 200130 | Helena, MT 59620-0130 | BenefitsQuestions@mt.gov

Non-Discrimination Notice: The State of Montana Benefit Plan 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. 45 C.F.R. § 92.8(b)(1) and (d)(1)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-866-270-3877 (TTY: 711).

This service is provided to you at no charge by [State of Montana Health Care & Benefits Division](#).