



IRS Form 1095-C is now available on-line!

February 3, 2021

Your IRS Form 1095-C is now available on-line at www.benefits.mt.gov.

The IRS Form 1095-C is a form that reports to the IRS if you had the minimum essential health coverage required under the Affordable Care Act (ACA).

- If you elected to have your form electronically delivered, please consider this email notification that your form is now available.
- If you did not elect to have your form electronically delivered, you will receive a printed/mailed version of your form starting the week of February 1st. Your form is also available on-line.

To access your on-line 1095-C, follow the below instructions:

1. Go to www.benefits.mt.gov and click the large green button titled "Existing Member Benefit Changes".
2. Once you are logged in, click the drop-down arrow next to your name in the upper right-hand side of the page.
3. Select Personal Documents.
4. From the Personal Documents page, click 1095C Employee Statement – 2020 for 2020.
5. If the document does not open, look for the 1095C Employee Statement PDF file on the lower left hand of your screen. Double click and the document should display.
6. Once the document is open you can print and/or save.

If you have any questions or concerns regarding the delivery of the Form 1095-C, please contact the Health Care & Benefits Division at (800) 287-8266 or via email at benefitsquestions@mt.gov.

State of Montana Health Care & Benefits Division

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email benefitsquestions@mt.gov

PO Box 200130, 100 N. Park Avenue, Suite 320, Helena, MT 59620-0130

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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 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).