

New Legislator Live Life Well Incentive Program  
**Nicotine Free and Next Step Self-Report Form**

Refer to the incentive booklet or visit [www.benefits.mt.gov/incentive](http://www.benefits.mt.gov/incentive) for program details.

**1. Policy Holder Information**

Policy Holder Name: _____	Last 4 digits of Social Security: X X X – X X – _____
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**2. Member Declaring Nicotine Status and Next Step Activity**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Mailing Address: \_\_\_\_\_, City \_\_\_\_\_,  
State \_\_\_\_\_, Zip Code \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**3. Self-declaration of Nicotine Free Status**

**CHOOSE ONE**

- I am nicotine free. I have never used tobacco or have quit using tobacco.
- I am NOT nicotine free but HAVE completed a tobacco cessation program or a tobacco counseling session with my medical provider between November 1, 2019 and December 31, 2020.
- I am NOT nicotine free and HAVE NOT completed a tobacco cessation program or a tobacco counseling session with my medical provider. *If you check this box, you cannot earn the Live Life Well Incentive.*

**4. Self-declaration of Next Step Activity**

I have completed the following eligible Next Step Activity:

**CHOOSE ONE**

- |  |   |
|--|---|
| <input type="checkbox"/> HCBD Governor's Stay Active Challenge, Holiday Challenge, or Summer Challenge | <input type="checkbox"/> Nicotine Cessation Program   |
| <input type="checkbox"/> MyActiveHealth Digital Health Coaching  | <input type="checkbox"/> Allegiance Maternity Management Program  |
| <input type="checkbox"/> Hometown MTm Asthma Care Program  | <input type="checkbox"/> DPHHS Diabetes Prevention Program  |
| <input type="checkbox"/> Hometown MTm Diabetes Care Program  | <input type="checkbox"/> WW (Weight Watchers)   |
| <input type="checkbox"/> CareHere Blood Pressure Management Program                                    | <input type="checkbox"/> Any combination of <b>two</b> of the following: provider visits, health coaching sessions or health coach presentations. <i>Examples of eligible visits include: doctor, dentist, physical therapist, eye doctor, CareHere Health Coaching, Allegiance Nurse Health Coaching and Suicide Prevention presentations.</i> |
| <input type="checkbox"/> HCBD Healthy For Life Self-study Program                                      |   |
| <input type="checkbox"/> DPHHS Walk with Ease Program  |   |
| <input type="checkbox"/> HCBD Eating Well Recorded Online Program                                      |   |

**5. Requesting Member, please sign and date:**

I certify by signing this form all information is true and correct. I understand my request will be denied if I have not also completed a State-sponsored health screening or requested and been granted an exception for the State-sponsored health screening between November 18-December 31, 2020.  
By reporting data for this health action, you are certifying the accuracy of the information provided and agreeing to audits and the responsibility to retain proof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Return no later than December 31, 2020**  
Health Care & Benefits Division: Fax: (406) 444-0080;  
Email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) OR  
Mail: P.O. Box 200130, Helena, MT 59620-0130  
Telephone: (800) 287-8266, TTY Hearing Impaired: (406) 444-1421



**For HCBD use only:** Full SS#: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved or Denied (circle one)  
HCBD signature: \_\_\_\_\_ Second HCBD signature: \_\_\_\_\_

The State Plan offers the incentive program to all plan members and their enrolled spouse/domestic partner. If you think you may be unable to meet a standard of the incentive program, you may qualify for an alternative program or different means to earn the incentive. You must contact the Health Care & Benefits Division (HCBD) as soon as possible at (800) 287-8266, TTY (406) 444-1421, or email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov). We will work with you (and if you wish, your doctor) to design a program with the same incentive that is right for you.

We will maintain the privacy of your personally identifiable health information. Medical information that personally identifies you and that is provided through the incentive program will not be used to make decisions regarding your employment. Your health information shall only be disclosed to carry out specific activities related to the incentive program (such as responding to your request for a reasonable accommodation). You will not be asked or required to waive the confidentiality of your health information to participate or to receive an incentive. Anyone who receives your information for purposes of providing you services through the incentive program will abide by the same confidentiality requirements.

We securely maintain all electronically stored medical information we obtain through the incentive program, and will take appropriate precautions to avoid a data breach. If a data breach does occur involving information you provided to us for the incentive program, we will notify you immediately.

A copy of the Plan's privacy notice is available on the HCBD website or by going to <http://benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf>.

### Language Assistance – General Taglines

*State of Montana is required by federal law to provide the following information.*

- ملحوظة: إذا تكنت تحدثت انرك اللغة، فإن خدمات الماعدة اللوغية تتوافر لك ابلامجن. التصريمة 1063-999-855 (رقم 1-855-999-1062 م:بكهفت الصم وال
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-999-1062 (TTY：1-855-999-1063)
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-999-1062 (TTY: 1-855-999-1063).
- ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-999-1062 (TTY: 1-855-999-1063).
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-999-1062 (ATS: 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).
- ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-999-1062 (TTY: 1-855-999-1063).
- 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-999-1062 (TTY:1-855-999-1063) まで、お電話にてご連絡ください。
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.
- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).
- ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телетайп: 1-855-999-1063).
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-999-1062 (TTY: 1-855-999-1063).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-999-1062 (TTY: 1-855-999-1063).

**State of Montana Non-Discrimination Statement:** State of Montana 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. State of Montana does not exclude people or treat them differently because 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. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact customer service at 855-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way 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 you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email: John Pavao, State Diversity Program Coordinator - Department of Administration State Human Resources Division, 125 N. Roberts, P.O. Box 200127, Helena, MT 59620, Phone: (406) 444-3984 Email: [jpavao@mt.gov](mailto:jpavao@mt.gov)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)