

New Legislator Live Life Well Incentive Program
Nicotine Free and Eligible Provider Visit Self-Report Form
 Refer to the flyer or visit benefits.mt.gov/leg-incentive for program details.

1. Policy Holder Information	
Policy Holder Name: _____	Last 4 digits of Social Security: X X X – X X – _____

2. Member Declaring Nicotine Free Status and Eligible Provider Visit
Member Name: _____ Date of Birth: ____/____/____
Mailing Address: _____ City: _____, State _____ Zip Code _____
Phone Number: (____) _____
Email Address: _____

3. Self-declaration of Nicotine Free Status
<p>CHOOSE ONE*</p> <p><input type="checkbox"/> I am nicotine free. I have never used nicotine or have quit using nicotine.</p> <p><input type="checkbox"/> I am NOT nicotine free but HAVE completed a nicotine cessation program or a nicotine counseling session with my medical provider between November 1, 2023, and December 31, 2024.</p> <p><i>*If you cannot check one of the boxes above you cannot earn the New Legislator Live Life Well Incentive.</i></p>

4. Self-declaration of Eligible Provider Visit
<p>I have completed an Eligible Provider Visit with my medical provider between November 1, 2023, and December 31, 2024:</p> <p>Date of Provider Visit ____/____/____</p> <p>Provider Name: _____</p>

5. Requesting Member, please sign and date:
<p>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 <u>or</u> requested and been granted an exception for the State-sponsored health screening by December 31, 2024.</p> <p>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.</p> <p>Signature: _____ Date: _____</p>



Due No Later Than December 31, 2024
 Health Care & Benefits Division: Fax: (406) 444-0080;
 Email: 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. 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 https://benefits.mt.gov/_docs/Resources/Notice-of-Privacy-Practices-10.2024.pdf.

State of Montana 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).

Language Assistance – General Taglines

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

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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 1-866-270-3877 (TTY : 711)。

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。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-270-3877 (رقم هاتف الصم والبكم: 117).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

MERK: Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzst, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).