REDUCTION IN FORCE (RIF) PREPAYMENT OPTION FORM

If you lost your job at the State of Montana due to a reduction in force and you elect benefits under the State Employee Protection Act, you are entitled to continue on the State of Montana Benefit Plan (State Plan) for a period of six months following your termination (2-18-1205, MCA). You continue receiving the employer contribution (State Share) for the six-month period and **basic life, supplemental life, medical, dental, vision hardware, long term disability, and medical flexible spending account benefits** can remain intact. You must continue to pay your out-of-pocket contribution amounts. If you obtain another position with the State of Montana and you become eligible for benefits, your coverage will automatically continue as an active employee under your new employment.

NOTE: Depending upon the length of time you have been employed by the State of Montana, you may be eligible to receive an additional month of coverage as an active member, called the "grandfathered" month. The six-month continuation of benefits begins after the "grandfathered" month of coverage.

INSTRUCTIONS & DEADLINE FOR PREPAYMENT – Use this form to elect to prepay your State Plan coverage from your final paycheck.

- This form must be submitted to your agency payroll department prior to your termination date in order to have deductions taken from your final paycheck.

PERSONAL INFORMATION

EMPLOYEE ID# _____ LAST NAME _____ FIRST NAME _____ MI ___

DATE OF BIRTH ____-____-_____ RIF DATE _____

TERMINATION PAY PERIOD ENDING _____

PREPAY BENEFITS – The prepayment option is for those terminating employees who wish to pay benefits from their final paycheck as allowed by the State Employee Protection Act.

NOTE: Benefits will be taken from the final paycheck on a pretax basis as long as the employee is in the pretax plan (with the exception of life and long term disability benefits). If not, then benefits are taken after tax. Prepayment for supplemental life, medical, dental, vision hardware, and long term disability is limited to the six-month coverage period **AND** to the months remaining in the current Plan Year. The Medical Flexible Spending Account can be prepaid through the end of the Plan Year, even if that extends beyond the six-month protection period. No refund of prepaid payments is available. This means that **you should NOT select this option if there is a chance you, a covered spouse, or your covered child(ren) will cease to be enrolled on the State Plan during the prepaid period**.

EMPLOYEE COMPLETE

- ❑ I am electing continuation in the State of Montana Benefit Plan (State Plan) as allowed by the State Employee Protection Act.
- ❑ I elect to have _____ months (maximum of six for supplemental life, medical, dental, vision hardware, and long term disability) of benefit payments withheld from my final paycheck. I may also elect to have contributions for the Medical Flexible Spending Account withheld for the months remaining in the current Plan Year. (Limited to the remainder of the current plan year and availability of funds in final paycheck.)

Signature:_____Date:_____

FOR AGENCY PERSONNEL USE ONLY

Determine the total additional amount to be withheld from the final paycheck. List the month/year of coverage, payment for each type of coverage and total payments for each month (do not include the grandfathered month).

Month /Year	Medical	Dental	Vision Hard-ware	Basic Life (coverage remains intact for six months)	Supplemental Life (employee, spouse, or dependent)	Medical FSA (must elect core benefits)	LTD	Admin Fee	Total
				NA					
				NA					
				NA					
				NA					
				NA					
				NA					
	NA	NA	NA	NA					
	NA	NA	NA	NA					
	NA	NA	NA	NA					

	NA	NA	NA	NA					
	NA	NA	NA	NA					
	NA	NA	NA	NA					
TOTALS									
HEALTH CARE & BENEFITS USE ONLY									
Wellness Incentive:									
Grandfathered Month:									
Grandfathered Month Out of Pocket:									
Half Month Collected:									

Language Assistance – General Taglines

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

- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1063-999-855 (رقم 1-855-999-1062 :مكبهاتف اصلم 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.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

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)