

Topic – Completing the Insure Montana Business annual online “Program Renewal”

Your business will be sent a notice with information for your business to complete the renewal process. Please refer to that notice for your unique log in code and initial password.

Insure Montana renewals must be accessed via the State of Montana ePass site, instructions are as follows:

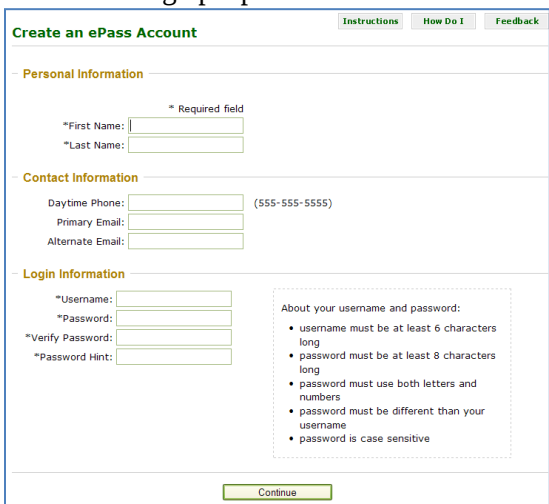
Online Renewal Instructions for ePass

- Insure Montana does **NOT** provide you with an ePass account. You must go to the following website and follow the instructions to “Login” through this site. It is a secure portal that the State of Montana uses to ensure your information is kept secure.

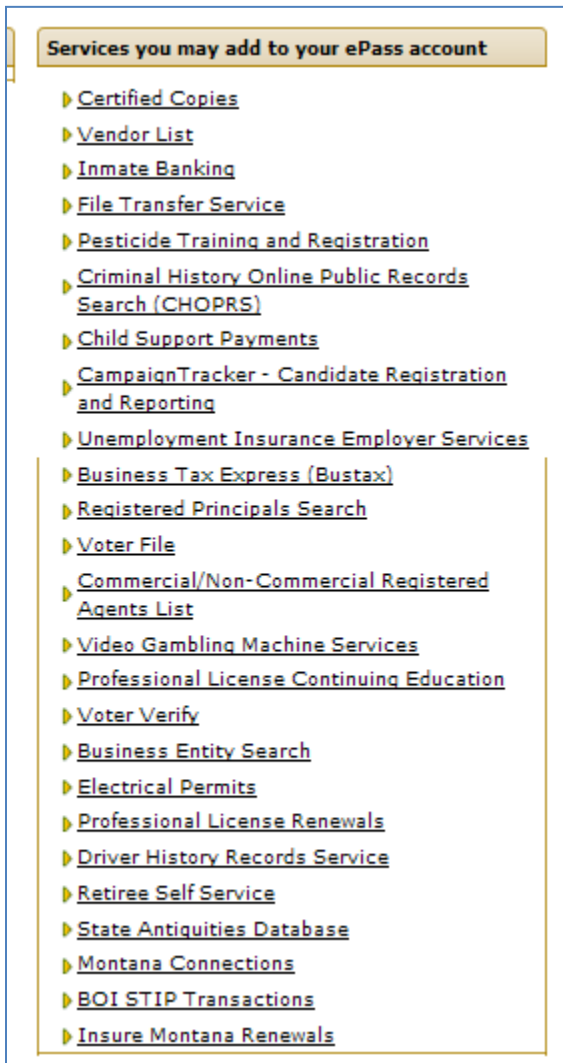
ePass - <https://app.mt.gov/epass/epass>



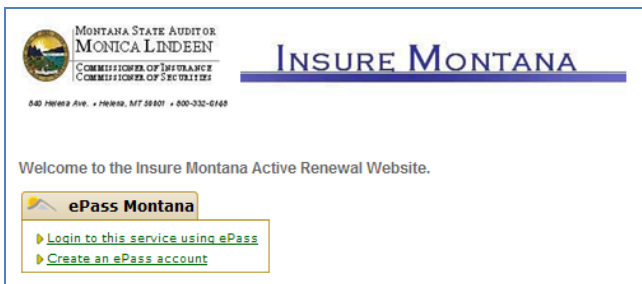
- If you already have an ePass account set up, you will enter your Log in and Password in the “**Existing Customer**” fields and “Login”.
- If you DO NOT have an ePass account, you will select “**Create an Account**” – the following page will appear, you will complete all the required fields, and select “Continue”. Follow the instructions to the right hand side for setting up a password.



- Write your ePass Username and Password, and keep in a safe place.
 - Write down the ePass Username that you have created _____
 - Write down the ePass Password that you have just created _____



- A list of all ePass services will be provided, select “Insure Montana Renewals”.



Hint: Select “Login to this service using ePass”

- Once you have completed the registration process or you have logged in – Select “**Login to this service using ePass**”

Instructions for completing the Online Renewal Application for the Business are as follows:

Monica J. Lindeen
CSI Insure Montana
(800) 332-6148 or (406) 444-2040

Welcome to the Insure Montana Active Renewal Website.

Please login using the Login ID and Password you received in the mail. The Password is case sensitive.

You will be prompted to change your Password before entering your renewal application. Once you have changed your Password you will be required to login again using your login ID and new password.

You will be required to enter information in each field marked with an asterisk (*).

Please enter dates in this format: MM/DD/YYYY (01/25/2009)

Please enter all other numbers, such as Tax ID numbers, Social Security numbers and telephone numbers, without dashes or spaces. For example: 4065551212 rather than (406) 444-1212.

As you complete each page, you can choose one of the following:

- * *Continue* – the information you entered will be saved and you will advance to the next page.
- * *Back* – the information you entered will not be saved and you will return to the previous page.
- * *Logoff* – you will leave the application and all information (not previously saved) will not be saved.

Once your renewal application has been completed and submitted, you will receive a confirmation number for your records. Please feel free to print the confirmation page; however, it is not necessary to report this number to the Insure Montana office. Insure Montana staff will contact you for additional information, if necessary. After you submit the renewal application and receive a confirmation number you will not be able to re-enter the renewal application.

For instructions on how to complete the online renewal process, please visit our website at www.insuremontana.org and refer to the document titled "Online Renewal Process". If you need further assistance please contact your health insurance agent.

Login ID

Login Password

Login

- Enter the **Unique Log in** - provided to you in the notice you have received in the mail from Insure Montana.
- Enter the **Password** - provided to you in the same notice.

For instructions on how to complete the online renewal process, please visit our website at www.insuremontana.org. If you need further assistance please contact your health insurance agent.

Login ID

Login Password

Login

Hint: This is the Login ID and password from the notice Insure Montana sent you.

- You will now have to change the password to a password of your choice. (* Remember Passwords are case sensitive) New Password _____, after you have created a new password, select ok.

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All Passwords are case sensitive and are limited to 10 characters.

Current Password:

New Password:

Confirm Password:

Ok Cancel

Hint: When you get to this screen you will need to create your own password
Current Password: password from your letter
New Password: You decide
Confirm Password: retype your New Password

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Your Password has been updated.

Ok

- This will take you back the main page. You will then enter the **Unique Login** from your notice and the **NEW password** that you have just created. (password from #3)

For instructions on how to complete the online renewal process, please visit our website at [www.insuremontana.com](#). If you need further assistance please contact your health insurance agent.

Login ID
Login Password

Hint: You will now login using the Login ID from your letter and your NEW password that you have created.

You will now be logged into your Insure Montana renewal application, follow the directions on each page to complete the renewal.

Tip for the Business Renewal: Read the definitions and review all information. Some fields are shaded in gray and are not editable via the web. If you need to make changes to these shaded fields, please complete a change form and include all other necessary documentation and submit that to the Insure Montana office either by mail or fax.

Insure Montana
840 Helena Ave
Helena, MT 59601

Fax: 406-444-3435



(800) 332-6148 or (406) 444-2040

Please update your Business Information (* Required data)

If the business name requires a change or update please complete a change report form found [here](#) and submit separately by fax or mail.

Legal Name of Business
Type of Business Entity *
Company Name on Statement
Type of Business
Federal Tax ID *
Contact Name*
Contact Title
Primary Owner Name*
Telephone
Fax

To edit any information, delete the contents of the cell and re-type the change.

If no changes need to be made, select “continue” to move to the next page.

- **Add Additional business owners that are not currently listed.**

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Please list all Additional Business Owners Participating in the Health Plan.
Indicate if an Owner earns over \$75,000 in gross wages, including bonuses and commissions (before taxes) per year from the business.

There are no Additional Business Owners. Please click the Add Additional Owner button to add additional business owners.

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Please list all Additional Business Owners Participating in the Health Plan.
Indicate if an Owner earns over \$75,000 in gross wages, including bonuses and commissions (before taxes) per year from the business.

Owner Name	Earns > \$75,000? Delete?
Update Cancel	Add Additional Owner Delete Cancel

If all information is already correct, then just “continue”.

- **Read the definition of a “Related Business” and list all businesses that would be applicable. To add a related business select “edit” and the following screen will appear. Complete all the required fields and select “update” to save the information. Then you can proceed to the next page.**

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Please List all Related Businesses
A Related Business: Affiliates who are controlled by or are under common control with another entity or person; and, entities or persons that are eligible to file a combined or joint return for purposes of state taxation.

* Eligible Employee means any employee who works on a full-time basis with a normal workweek of 30 hours or more, except that at the sole discretion of the employer, the term may include an employee who works on a full-time basis with a normal workweek of between 20 and 30+ hours as long as this eligibility criteria is applied uniformly among all of the employer's employees. Owners are eligible employees if they work 20 hours or more a week at the business

Business Name	Federal Tax ID	Number of Employees	Estimated Eligible Employees	Delete?
Update Cancel				Delete Cancel

If all information is already correct, select “continue”.

- Read the definition of “eligible employee” and answer all the questions regarding the number of employees.

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Please answer the following questions for this Business and any Related Businesses entered on the previous page. (* Required data)

1. How many Employees/Owners does this Business employ? *

2. How many Eligible Employees/Owners does this Business employ? *

"Eligible Employee" means any employee who works on a full-time basis with a normal workweek of 30 hours or more, except that at the sole discretion of the employer, the term may include an employee who works on a full-time basis with a normal workweek of between 20 and 30+ hours as long as this eligibility criteria is applied uniformly among all of the employer's employees. Owners are eligible employees if they work 20 hours or more a week at the business

3. How many Eligible Employees/Owners participate in the Business Group Health Insurance Plan? *

4. Does any Employee of the Business earn over \$75,000 gross wages, including bonuses and commissions (before taxes) per year from the business? (Excludes Owners) *

5. Does the Primary Owner earn over \$75,000 gross wages, including bonuses and commissions (before taxes) per year from the business? *

6. Does the Business have delinquent state tax liability owing to the Montana Department of Revenue from previous years? *

- **Business Premium Information** – This is asking the business owner how much they are contributing toward the employees premiums. If you have any questions please refer to the “Business Contribution” document located in the Forms and Applications tab on the website at www.insuremontana.org . NOTE: This contribution should match the contribution percentage that is reported on your election form for your insurance carrier.

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Business Premium Information: (* Required data)

What percentage of Employee-Only Premium does the business contribute to Employees? *

Does the business contribute towards premium for dependents? *

Hint: For assistance with this questions refer to the “Forms and Applications” tab on our website, and see the document “IM Business Contribution Information”

- **Employee Information** – This is a list of all eligible employees that Insure Montana is currently subsidizing. If it is incorrect, please submit the form that is indicated on the page, and follow any instructions that are listed on that form.

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Employee Information:
Below is a list of Employees currently on file for your business.
To add a new employee, change a current employee's name or remove an employee, complete this [form](#) and submit separately by fax or mail.

Employee Name
Jane Doe
John Doe

- **Submission Page:**
- **Read the certification, and select the “I agree” box.**
- **Also, in an effort to save money, Insure Montana will now allow you to receive your EFT Advice via email that is sent monthly to you by hard copy. If this is something you would like to have done for your business, complete and check the “I authorize Insure Montana to send my monthly EFT Advice via e-mail” box.**

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Please read the following text and check that you agree:

I certify, under penalty of law, that all my answers are correct and complete to the best of my knowledge. I understand the penalty for withholding or giving false information which may include a possible criminal offense (MCA 93-22-2009). I agree to provide documents to verify information on this application if requested. I understand that State staff may obtain documents and/or information to verify statements on this application.

I agree ☐

Insure Montana incentive and assistance subsidy payments can be issued in one of two ways: by hard copy paper check or by an electronic deposit to a checking or savings account. If you have selected to receive an electronic payment, or EFT, you continue to receive a hard copy paper receipt, also known as an Advice.

Issuing EFT Advices by E-mail rather than a paper copy through the mail will be a significant cost savings for the Insure Montana program. If you are interested in receiving your EFT Advice via E-mail, please ensure you provided your E-mail address and check the box below.

Email Address:

☐ I authorize Insure Montana to send my monthly EFT Advice via e-mail.

- **Once you have completed all your information, and you select “submit” you will receive a confirmation number. Please save this for your records, but do not send it to Insure Montana.**

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Your updates have been submitted. Here is your Confirmation Number:

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