Monica J. Lindeen
CSI | Insure Montana
Montana Commissioner of Securities & Insurance

BUSINESS APPLICATION

Complete and return to: 840 Helena Avenue
Helena, MT 59601
Fax: 406-444-3435
Phone: 406-444-2040
Toll free: 800-332-6148

Applications are accepted on a first come, first serve basis. All available funding for Insure Montana is currently being utilized. Businesses will be placed on the waiting list in order that their application was received. For information: www.insuremontana.org
Notice: *Non-Profit businesses generally do not qualify for the Insure Montana Tax Credit Program.*

DEMOGRAPHIC INFORMATION (required)

Legal Name of Firm	If applicable Doing Business As (DBA)	Type of Business
Primary Owner's Name	Contact Name and Title	Type of Entity (Corp., LLC, S-Corp, etc.)
If applicable list additional Business owner(s)		Federal Tax ID Number (FEIN)
Physical Address		City/State/ Zip Code
Mailing Address (if different)		City/State/ Zip Code
Telephone	Fax	Email Address

BUSINESS INFORMATION (required)

1. How many employees (including owners) does this business employ?	
2. How many eligible employees*(including owners) does the business employ?	
3. How many eligible employees*(including owners) will or do currently participate in the group health insurance plan?	

*"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.

4. Do you have a related business? Definition: Affiliates or affiliated entities or persons who directly or indirectly, through one or more intermediaries, control are controlled by or are under common control with a specified entity or person; or, entities or persons that are eligible to file a combined or joint tax return for purposes of state taxation.

Name of Related Business	Federal Tax ID Number (FEIN)
Number of Employees	Number of Eligible Employees

5. Does any employee or employees of a related business earn over $75,000 in wages, including bonuses and commission, per year from this business or related business (excluding owners)?	☐ Yes ☐ No
6. Does the business or any related business have delinquent state tax liability owing to the Montana Department of Revenue for previous years?	☐ Yes ☐ No
7. Has the applying business provided group health insurance in the past 24 months?	☐ Yes ☐ No
8. If your business currently sponsors a group health policy does it pay premiums from a medical care savings account?	☐ Yes ☐ No

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 (MCA 33-22-2009). 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

Employer Signature _____ **Date** _____