

INSURE MONTANA

2009 EMPLOYEE RENEWAL APPLICATION

Please complete and return to: Insure Montana
840 Helena Avenue
Helena, MT 59601
Fax: 406-444-3497

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To remain eligible for the Insure Montana program, please complete and return this form to the Insure Montana office by October 31, 2008. **If this Employee Renewal Application form is not received by October 31, 2008, you will no longer qualify for the Insure Montana program and you will be required to reapply for the program for future assistance.** You can submit this form separately from the Business Renewal Application form for privacy purposes. Please contact the Insure Montana office at (800) 332-6148 if you have any questions regarding this application form.

COMPLETE THE FOLLOWING INFORMATION FOR THE EMPLOYEE:

DEMOGRAPHIC INFORMATION

Employee First Name	Last Name	Employer/Business Name		
Address	City	State	Zip Code	
Mailing Address if Different	City	State	Zip Code	
Telephone - Home	Telephone - Work	Telephone - Other	Email Address* (please print clearly)	

*Please indicate if you want to receive an Electronic Fund Transfer receipt by E-mail to the address listed above.

YES NO

LIST ALL HOUSEHOLD MEMBERS THAT RESIDE IN THE HOME MORE THAN 50% OF THE YEAR INCLUDING DEPENDENTS ATTENDING COLLEGE (ATTACH AN ADDITIONAL PAGE IF NECESSARY):

HOUSEHOLD MEMBERS

Name (first, middle initial, last)	Relationship to Employee	Health Insurance (List name of insurance company if other than Insure MT BCBS.)	Social Security Number	Date of Birth	Fulltime College Student (Yes or No)
	Employee				

LIST HOUSEHOLD ANNUAL GROSS (BEFORE TAXES) INCOME FROM ALL SOURCES, INCLUDING: WAGES, SOCIAL SECURITY OR DISABILITY BENEFITS, CHILD SUPPORT, WORKER'S COMP, UNEMPLOYMENT COMP, ETC.

HOUSEHOLD INCOME

Please check the box that best represents your total household annual gross income:

Single:	Married (no children):	Single with children:	Family (married with children):
_____ less than \$9,570	_____ less than \$12,830	_____ less than \$16,090	_____ less than \$19,350
_____ \$9,570- \$14,355	_____ \$12,830- \$19,245	_____ \$16,090- \$24,135	_____ \$19,350- \$29,025
_____ \$14,355- \$19,140	_____ \$19,245- \$25,660	_____ \$24,135- \$32,180	_____ \$29,025- \$38,700
_____ \$19,140- \$23,925	_____ \$25,660- \$32,075	_____ \$32,180- \$40,225	_____ \$38,700- \$48,375
_____ \$23,925- \$28,710	_____ \$32,075- \$38,490	_____ \$40,225- \$48,270	_____ \$48,375- \$58,050
_____ \$28,710 and over	_____ \$38,490 and over	_____ \$48,270 and over	_____ \$58,050 and over

CERTIFICATION AND SIGNATURE

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 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.

Employee Signature _____ Date _____