



PURCHASING POOL CHANGE REPORT FORM

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

Employee Name	
Business Name	Insurance Agent Name

TYPE OF CHANGE

<input type="checkbox"/> New Employee ESTIMATE QUOTE ONLY (must complete a Premium Assistance Application)	
<input type="checkbox"/> New Employee (must complete a Premium Assistance Application)	Date Employee is Eligible for Health Insurance? (mm/dd/yyyy)
<input type="checkbox"/> Delete Employee and all dependents as of this date : (mm/dd/yyyy)	
<input type="checkbox"/> Delete Spouse as of this date (mm/dd/yyyy)	
<input type="checkbox"/> Add Spouse as of this date (mm/dd/yyyy) (provide Name, Date of Birth, and Social Security Number)	
<input type="checkbox"/> Add dependent(s) as of this date (mm/dd/yyyy) (provide name(s), date(s) of birth, and Social Security Number(s))	
<input type="checkbox"/> Delete dependent(s) as of this day (mm/dd/yyyy)	Name(s)
Are the dependent(s) being removed due to eligibility for - ➤ Healthy Montana Kids (formerly known as CHIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Healthy Montana Kids <i>Plus</i> (formerly known as Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (please explain)	

Household Income Change – Indicate the applicable household income level below

HOUSEHOLD INCOME

List total household gross (before taxes) annual income from all sources, including: wages, Social Security or disability benefits, worker’s compensation, distributions, unemployment, etc.

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
___ \$9,571 – \$ 14,355	___ \$12,831 – \$ 19,245	___ \$16,090- \$24,135	___ \$19,351- \$29,025
___ \$14,356 – \$19,140	___ \$19,246 – \$25,660	___ \$24,136- \$32,180	___ \$29,026- \$38,700
___ \$19,141 – \$23,925	___ \$25,661 – \$32,075	___ \$32,181- \$40,225	___ \$38,701- \$48,375
___ \$23,926-\$28,710	___ \$32,076 - \$38,490	___ \$40,226- \$48,270	___ \$48,376- \$58,050
___ \$28,711 and over	___ \$38,491 and over	___ \$48,271 and over	___ \$58,051 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 form if requested. I understand that State staff may obtain documents and/or information to verify statements on this form.

Signature	Date
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