

Topic – Completing the Insure Montana Employee Assistance HB48 questionnaire.

Each participating employee will be sent a notice with information for that employee to complete the 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:

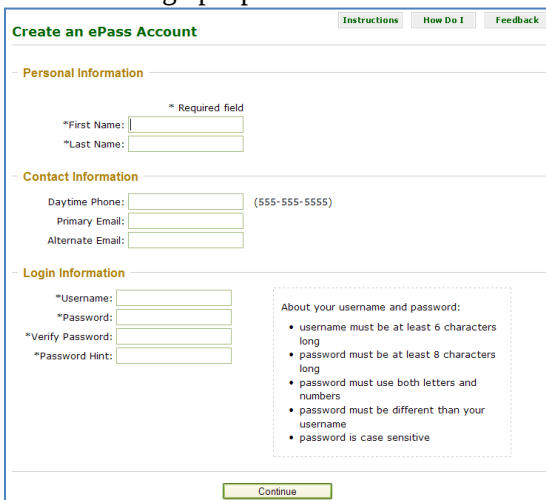
Online Renewal Instructions for ePass

- 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.

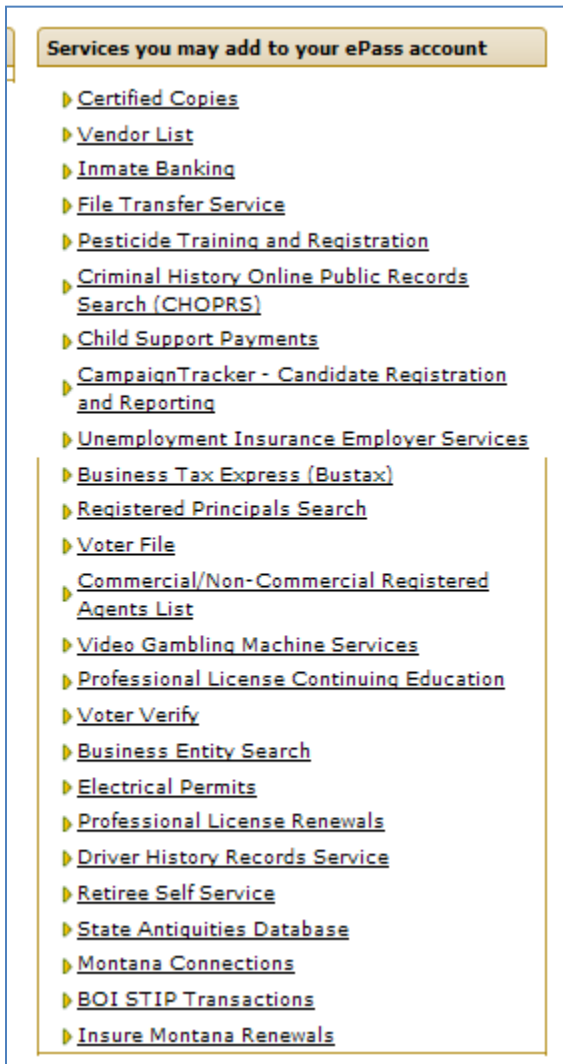
ePass - <https://app.mt.gov/epass/epass>



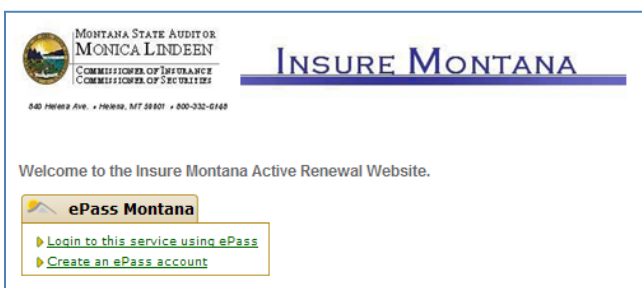
- If you already have an ePass account set up, you will enter your Log in and Password in the “**Existing Customer**” fields and “Login”.
- If you DO NOT have an ePass account, you will select “**Create an Account**” – the following page will appear, you will complete all the required fields, and select “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 Employee Assistance HB48 questionnaire 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.
- * *Logout* – 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

- 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 and refer to the document titled "Online Renewal Process". If you need further assistance please contact your health insurance agent.

Login ID

Login Password

Hint: This is your 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.

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

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

Current Password:

New Password:

Confirm Password:

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: re-type your New Password

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

Your Password has been updated.

- 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 now will 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 HB48 questionnaire: Read the definitions complete all required fields noted with an (*).

**CSI** | **Insure Montana**
(800) 332-6148 or (406) 444-2040

Please update your Household Gross Income and Household Size Information (* Required data)

*** Household Gross Income:**

Please list your household's total annual gross household income (before taxes) from all sources, including: wages, Social Security or disability benefits, worker's compensation, unemployment, and distributions. Typically, household gross annual income can be found on line 22 of the federal income tax Form 1040.

*Total gross household income should include adult (age 18 through 26) dependents that are enrolled in the health plan but do not live in the household.

*** Household Size:**

The number of household members includes all family members and dependents of the participating employee who live in the home more than 50% of the time. It also includes adult dependents (and their family members if applicable) age 18 through 26 not living in the home but enrolled in the employee's health plan.

Household members do not include people living in the home that are not related and not dependent on the participating employee, such as roommates.

Example 1: Household includes: Employee, Employee's Spouse, Employee's Child age 16, and Employee's Child age 24. The child age 24 is married and does not live in the Employee's home but is enrolled in the Employee's group health plan. Household size is determined to be 5.

Example 2: Household consists of Employee and his roommate that is not related or financially dependent on him. They reside together to share housing costs only. Household size is determined to be 1.

Please contact the Insure Montana office at (800) 332-6148 or (406) 444-2040 if you have questions regarding your household size.

Complete all required fields, noted with an (*). Note: Some fields will already contain pre-populated information from the Insure Montana database. Please review all fields to make sure all data is accurate.

Monica J. Underen

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

Complete all required fields for household member
To complete information, click on Edit, when you are done updating required fields, click Update, then continue to the next household member.

Name *	
Relationship *	Self
Gender *	Female
SSN *	
Birth Date *	
Other Insurer? *	No
Insurer Name	
Date Left Household?	
US Citizen? *	Yes
MT Resident? *	Yes
Full Time Student? *	No
CHIP Eligible? *	No
Medicaid Eligible? *	No
Covered by Insure MT program? *	
Tobacco Usage? *	
Zip code *	State: Montana City: Please Select Zip: Please Select Update Cancel

Update Cancel

Continue Back Logoff

Click “Update” to access all required data fields, once complete, click “Update” again, and continue to the next household member.

Read the following certification.

Monica J. Lindeen

 **Insure Montana**

Montana Commissioner of Securities & Insurance

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

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 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.

I agree ☐

Submit

Back

Logoff

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.

Monica J. Lindeen

 **Insure Montana**

Montana Commissioner of Securities & Insurance

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

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

713451021

Logoff