

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

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

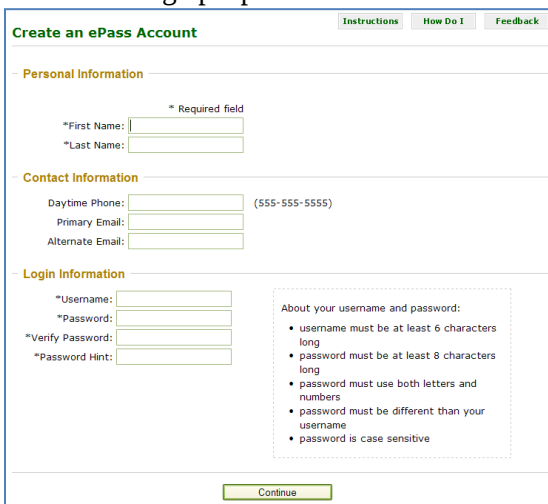
Online Renewal Instructions for ePass

- 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.

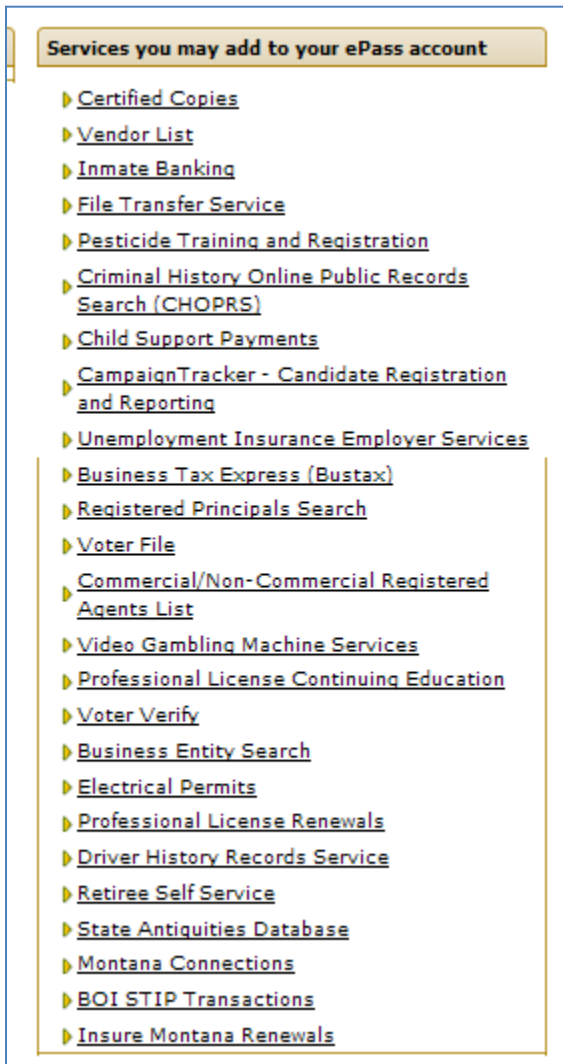
ePass - <https://app.mt.gov/epass/epass>



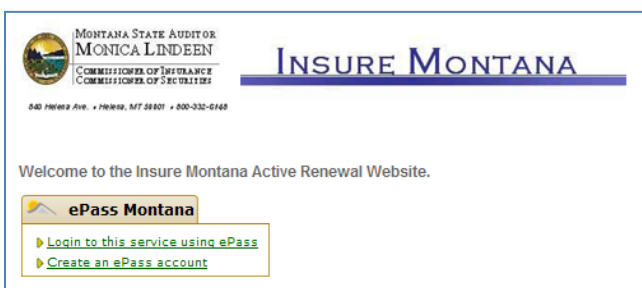
- If you already have an ePass account set up, you will enter your Log in and Password in the “**Existing Customer**” fields and “Login”.
- If you DO NOT have an ePass account, you will select “**Create an Account**” – the following page will appear, you will complete all the required fields, and select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

 **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.

 **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

 **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 Employee 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 verify your Name and Address Information (* Required data)
 If you have a name change please complete a change report form found [here](#) and submit separately by fax or mail.

First Name
 Last Name
 Employer Name

Physical Address (Required)
Please do not enter a PO Box as your address.
 Address Line 1*
 Address Line 2
 City*
 State*
 Zip Code*

Email Address
 Home Phone
 Work Phone

Mailing Address (if different from above)
 Address Line 1
 Address Line 2
 City
 State
 Zip Code

- 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.

- **Reporting Gross Household Income – Insure Montana** requires all employees to report their gross household income. If you have any questions regarding this topic, please refer to the document “Reporting Income” in the Forms and Applications tab located at the www.insuremontana.org.

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

Please update your Household Gross Income Information (* Required data)
Income should include annual income from all taxable sources

Single/No Children	Married/No Children	Single w/ Children	Married w/ 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

Continue Back Logoff

Hint: Remember to report your gross household income. Even if your spouse or significant other is not covered on the health insurance policy, their income still needs to be reported.

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

- **Verifying household members:**

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

This is the list of household members on file with Insure Montana.

Name
John

You will review each individual on the following screens.

* Note: Adding or removing household members from this online renewal will not affect your health insurance policy coverage. For all policy changes contact your group leader or group health insurance agent.

Continue Back Logoff

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

➤ **Completing household member information:**

Insure Montana requires certain information to be reported for each household member, the required fields are displayed using an asterisks sign (*), all required fields must be completed.

*If a household member listed no longer resides in your household for any reason, enter a valid date in the “**Date Left Household**” field, you will not be able to delete the household members information.

➤ **Select “Edit”, complete all the required (*) fields,**

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

Complete all required fields for household member

Name *	John
Relationship *	Self
Gender *	Male
SSN *	987654321
Birth Date *	10/15/1975
Other Insurer? *	
Insurer Name	
Date Left Household?	
US Citizen? *	Yes
MT Resident? *	Yes
Full Time Student? *	
CHIP Eligible? *	
Medicaid Eligible? *	

Update

Cancel

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

Continue

Back

Logoff

➤ **When all required fields have been populated, select “update”.**

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

Complete all required fields for household member

Name *	John
Relationship *	Self
Gender *	Male
SSN *	987654321
Birth Date *	10/15/1975
Other Insurer? *	No
Insurer Name	
Date Left Household?	
US Citizen? *	Yes
MT Resident? *	Yes
Full Time Student? *	No
CHIP Eligible? *	No
Medicaid Eligible? *	No

Update

Cancel

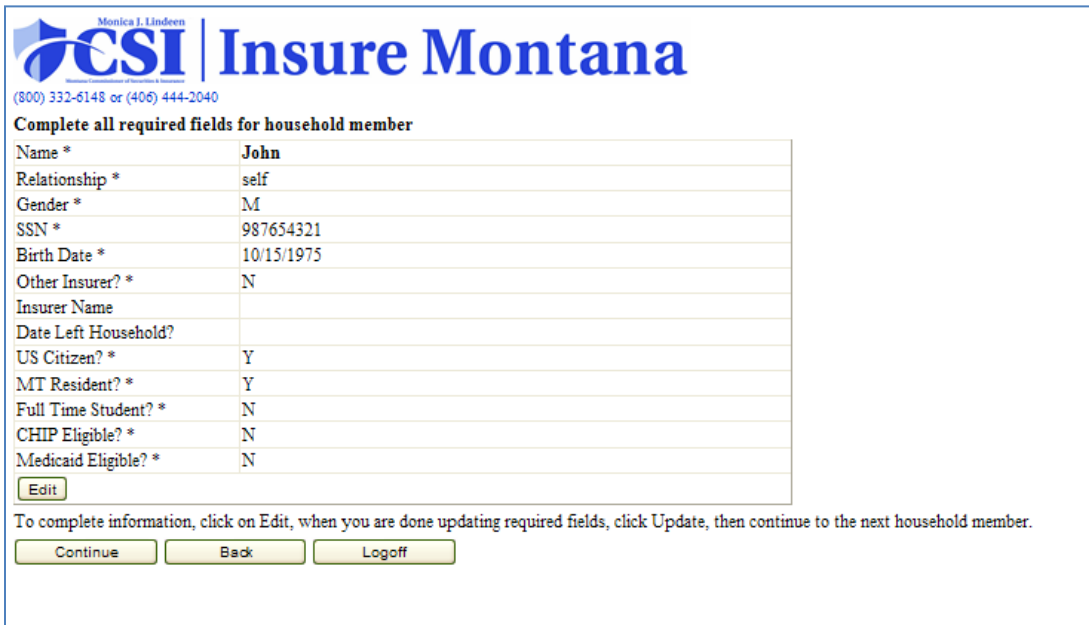
To complete information, click on Edit, when you are done updating required fields, click Update, then continue to the next household member.

Continue

Back

Logoff

- After “updating” the household member, the screen will appear as below, select “continue”. You will need to complete all required fields for each household member.



Monica J. Lindeen
CSI | Insure Montana
Insurance Commissioner of Securities & Insurance
 (800) 332-6148 or (406) 444-2040

Complete all required fields for household member

Name *	John
Relationship *	self
Gender *	M
SSN *	987654321
Birth Date *	10/15/1975
Other Insurer? *	N
Insurer Name	
Date Left Household?	
US Citizen? *	Y
MT Resident? *	Y
Full Time Student? *	N
CHIP Eligible? *	N
Medicaid Eligible? *	N

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

- After all household members have been updated the following screen will appear, this allows you to review a list of all household members, if you need to add a new household member, select “Add household member”.



Monica J. Lindeen
CSI | Insure Montana
Insurance Commissioner of Securities & Insurance
 (800) 332-6148 or (406) 444-2040

This is the list of household members on file with Insure Montana.

Name
 John

To add additional household members click “Add household Member”.

If all household information is complete click “Continue” to complete your application.

- “Adding a household member” will produce this screen. You must complete all required information for the household member.

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

Complete all required fields for household member

Name *	
Relationship *	
Gender *	
SSN *	
Birth Date *	
Other Insurer? *	
Insurer Name	
Date Left Household?	
US Citizen? *	
MT Resident? *	
Full Time Student? *	
CHIP Eligible? *	
Medicaid Eligible? *	

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

- Upon completing the information, select “update”, this will save the information and allow you to continue.

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

Complete all required fields for household member

Name *	Name
Relationship *	spouse
Gender *	F
SSN *	555555555
Birth Date *	01/01/1975
Other Insurer? *	N
Insurer Name	
Date Left Household?	
US Citizen? *	N
MT Resident? *	N
Full Time Student? *	N
CHIP Eligible? *	N
Medicaid Eligible? *	N

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

- This page will appear containing a list of all household members, if additional household members need to be added, repeat the previous steps. If the list of household members is complete, select “continue”.

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

This is the list of household members on file with Insure Montana.

Name
John
Name

To add additional household members click “Add household Member”.

If all household information is complete click “Continue” to complete your application.

- **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.

Monica J. Lindeen
CSI | Insure Montana
(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 ☐

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.

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

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