

2018-2019 MONTANA UNIVERSITY SYSTEM CHOICES ACTIVE SURVIVOR ENROLLMENT FORM

INSTRUCTIONS & DEADLINE FOR ENROLLMENT – Use this form to elect the Montana University System Benefit Plan benefits as a surviving spouse and/or dependent(s) of an Employee of the Montana University System.

The covered surviving legal spouse or child(ren) (under the age of 26) of an MUS Employee may remain a Covered Person of the Montana University System Benefit Plan and continue their current medical, dental, and/or vision hardware coverage as long as the required self-payment of premiums is made.

This form must be returned to the applicable campus mailing address on the back of this form within 63 days of the MUS Employee's date of death.

Surviving Dependent(s) Information

Name: _____

	Last	First	MI	Date of Birth	Social Security Number
Mailing Address			City	State	Zip

Is this a new address? Yes No

Phone (Home): _____ Phone (Other): _____

Email Address: _____ HICN # (Medicare ID #): _____

Qualifying Event

- Waiver of Coverage** - I have been given the opportunity to enroll in the MUS Benefits Plan as a Survivor and decline all participation.
- Survivor(s) Enrollment**
- Annual Enrollment**

Campus (circle): OCHE MSU MSU-B MSU-N GFC-MSU UM MT Tech UM-W HC-UM FVCC MCC DCC State Bar

Medical Coverage

Coverage Level (choose one)	Medical Plan (choose one)
<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Allegiance
<input type="checkbox"/> Survivor	<input type="checkbox"/> BlueCross BlueShield
<input type="checkbox"/> Survivor + Child(ren)	<input type="checkbox"/> PacificSource

Enter your monthly Medical Plan cost here (see *Choices* Enrollment Workbook). **Medical Premium:** \$ _____

Optional Dental Coverage

Coverage Level (choose one)	<input type="checkbox"/> Decline Coverage
<input type="checkbox"/> Survivor Only - <u>Basic</u> \$18/month	<input type="checkbox"/> Survivor Only - <u>Select</u> \$42/month
<input type="checkbox"/> Survivor + Child(ren) - <u>Basic</u> \$35/month	<input type="checkbox"/> Survivor + Child(ren) - <u>Select</u> \$80/month

Dental Premium: \$ _____

Optional Vision Hardware Coverage

Coverage Level (choose one)	<input type="checkbox"/> Decline Coverage
<input type="checkbox"/> Survivor Only - \$9.71/month	Vision Premium: \$ _____
<input type="checkbox"/> Survivor + Child(ren) - \$19.30/month	Total Monthly Premium: \$ _____

Dependent Coverage

Survivor:								Keep <input type="checkbox"/>	Remove <input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	HICN #			
Dependent:								<input type="checkbox"/>	<input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	HICN #			
Dependent:								<input type="checkbox"/>	<input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	HICN #			

Attach a list if you have additional covered dependents.

My signature indicates that I have read and understand the election form and materials describing options provided by MUS *Choices*, including information contained in the MUS *Choices* Benefits Enrollment Workbook. My election or waiver of coverage is binding and cannot be revoked or modified. I authorize my benefit plan to obtain, examine, or release information as needed to coordinate benefits or process claims for myself or my family. I declare that the information furnished on this form is true, correct, and complete to the best of my knowledge. This form supersedes all previous forms I have submitted.

Survivor Signature: _____	Date: _____
Dependent Signature: _____	Date: _____
Dependent Signature: _____	Date: _____

MAILING ADDRESSES AND ADDITIONAL INFORMATION ARE ON THE BACK SIDE OF THIS FORM.

2018-2019 MONTANA UNIVERSITY SYSTEM *CHOICES* ACTIVE SURVIVOR ENROLLMENT FORM

Eligibility: A covered surviving dependent of an Employee of the Montana University System (MUS), including the Office of the Commissioner of Higher Education or other agency or organization affiliated with MUS or the Board of Regents of Higher Education, may continue MUS group insurance benefits as described below.

Continuation of Coverage: Covered surviving dependent(s) of an MUS Employee must make arrangements with his/her campus Human Resources/Benefits Office to continue coverage as a survivor on a self-pay basis within 63 days of the MUS Employee's death. **There is no Employer contribution toward survivor benefits.** The right to continue coverage under the Plan is a one-time opportunity. **Survivors who fail to continue coverage within 63 days of death of the MUS Employee or who allow coverage to lapse due to nonpayment of premiums may not later rejoin the Plan.** No new dependents can be added to the survivor's coverage, with the exception of a child born to the surviving legal spouse that was conceived before or a child for whom adoption proceedings were initiated before the MUS Employee's death, may also be enrolled in the Plan, provided the child is enrolled within sixty-three (63) days of birth or adoption.

Available Coverages

Medical Coverage: Enrollment in a Medical Plan is available to covered surviving dependents. Coverage is permanently forfeited if the covered surviving dependent(s) cancels medical coverage, or fails to pay premiums.

Dental Coverage: Enrollment in the Basic or Select Dental Plan is available to covered surviving dependents. Coverage is permanently forfeited if the covered surviving dependent(s) cancels dental coverage, or fails to pay premiums.

Vision Hardware Coverage: The Vision Benefit Plan is for vision hardware only. Eye exams, whether preventive or medical, are covered under the Medical Benefit Plan. Coverage is permanently forfeited if the covered surviving dependent(s) cancels vision coverage, or fails to pay premiums.

Life Insurance: Continuation of MUS-sponsored Life Insurance is not available for covered surviving dependents. However, you may have the option of converting to an individual term life policy under the terms of the Standard Insurance Company. Please see your campus Human Resources/Benefits Office for conversion information.

Long Term Care Insurance: If the deceased Employee was enrolled in Long-Term Care Insurance through UNUM , contact your campus Human Resources/Benefits Office for conversion information.

Please Send Your Form to the Appropriate Address Below

MSU-Bozeman Human Resources, PO Box 172520, Bozeman, MT 59717	406-994-3651
MSU-Billings Human Resources, 1500 University Dr., Billings, MT 59101	406-657-2278
MSU-Northern Human Resources, 300 West 11th Street, Havre, MT 59501-7751	406-265-4147
Great Falls College-MSU Human Resources, 2100 16th Ave. S., Great Falls, MT 59405	406-268-3701
UM-Missoula Human Resources, 32 Campus Dr., Lommasson 252, Missoula, MT 59812	406-243-6766
Helena College-UM Human Resources, 1115 N. Roberts, Helena, MT 59601	406-447-6925
UM-Western Human Resources, 710 S. Atlantic St., Dillon, MT 59725	406-683-7010
MT Tech (UM) Human Resources, 1300 W. Park St., Butte, MT 59701	406-496-4380
OCHE, MUS Benefits Office, PO Box 203203, Helena, MT 59620-3203	877-501-1722
Dawson Community College Human Resources, 300 College Dr., Glendive, MT 59330	406-377-9401
Flathead Valley Comm. College Human Resources, 777 Grandview Dr., Kalispell, MT 59901	406-756-3981
Miles Community College Human Resources, 2715 Dickinson St., Miles City, MT 59301	406-874-6292
State Bar of MT, PO Box 577, Helena, MT 59624-0577	406-442-7660

Call your campus Human Resources/Benefits Office or MUS Benefits Office at 877-501-1722, if you have questions about your benefits enrollment form.