

Montana Small Business

Multi-Choice Package (MT004)

Product and Benefit Selection Form

Effective January 1, 2023



General Information	
Group Name _____	
Agent Name _____	
Billing Preference (Check all that apply.)	
<input type="checkbox"/> Electronic Billing (Note: Hard copies of the bill may still be printed out at www.employereservices.com) <input type="checkbox"/> Paper Billing	
Medical Plan Selection	
<input type="checkbox"/> Single Site <input type="checkbox"/> Multi Site <input type="checkbox"/> Other Locations _____	

Multi-Choice Package (MT004) -Select the plans within the package being offered to employees.

Choice Plus Network				
Selection	Plan Code	Plan Category	Plan Description	RxCODE
<input type="checkbox"/>	CV-2N	Choice Plus	40/1000/80%	N61S
<input type="checkbox"/>	CV-Q3	Choice Plus	40/1200/80%	N61S
<input type="checkbox"/>	CV-Q6	Choice Plus	30/1500/80%	N61S
<input type="checkbox"/>	CV-Q7	Choice Plus	30/1500/80%	N61S
<input type="checkbox"/>	CV-Q8	Choice Plus	35/2000/50%	N61S
<input type="checkbox"/>	CV-Q9	Choice Plus	50/5500/70%	N59S
<input type="checkbox"/>	CV-Q2	Choice Plus	40/70%	E89S
<input type="checkbox"/>	CV-RE	Choice Plus	9100/100%	E83S
<input type="checkbox"/>	CV-Q4	Choice Plus HSA	1500/80%	E92S
<input type="checkbox"/>	CV-Q5	Choice Plus HSA	25/1500/100%	E92S
<input type="checkbox"/>	CV-RA	Choice Plus HSA	2500/70%	N71S
<input type="checkbox"/>	CV-RB	Choice Plus HSA	35/2750/80%	N71S
<input type="checkbox"/>	CV-RC	Choice Plus HSA	3000/70%	N71S
<input type="checkbox"/>	CV-RD	Choice Plus	7350/100%	E83S
<input type="checkbox"/>	CV-RG	Choice Plus Direct	20/250/80%	N61S
<input type="checkbox"/>	CV-RH	Choice Plus Direct	15/500/80%	N61S
<input type="checkbox"/>	CV-RF	Choice Plus Direct	30/80%	E86S
<input type="checkbox"/>	CN-IT	Choice Plus Direct	30/500/70%	N61S
<input type="checkbox"/>	CN-RI	Choice Plus Direct	30/750/80%	N61S
<input type="checkbox"/>	CV-RJ	Choice Plus Direct	1000/80%	N61S
<input type="checkbox"/>	CN-RK	Choice Plus Direct	40/1000/80%	N61S
<input type="checkbox"/>	CN-IX	Choice Plus Direct	25/1500/80%	N61S
<input type="checkbox"/>	CN-IY	Choice Plus Direct	2000/80%	N61S
<input type="checkbox"/>	CN-IZ	Choice Plus Direct	30/2000/80%	N61S
<input type="checkbox"/>	CV-RL	Choice Plus Direct	40/3000/80%	N61S
<input type="checkbox"/>	CV-RM	Choice Plus Direct	3000/80%	N61S
<input type="checkbox"/>				
<input type="checkbox"/>				

Vision and Dental Selection (Available to groups of 2 50)							
Vision Plan Code _____							
Dental Plan Code(s)* _____							
Optional Riders/Benefits							
<input type="checkbox"/> Yes <input type="checkbox"/> No 24-Hour Coverage (At Occupation Coverage) No charge <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Partner (Opposite Sex) - No charge <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Partner (Same Sex) - No charge Other: _____							
Deductible Administration Period							
<input type="checkbox"/> Calendar Year Deductible Period (From January 1st - December 31st) <input type="checkbox"/> Policy Year Deductible Period (From Plan Effective date to Plan Renewal)							
Life and AD&D Plan Selection (Available to groups of 2 50)							
Basic Life and AD&D Flat Benefit Amount*							
<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____							
<input type="checkbox"/> Tier Class Plan \$ _____ \$ _____ \$ _____							
Multiple of Salary Amount							
<input type="checkbox"/> 1X Annual Salary to \$ _____ <input type="checkbox"/> 2X Annual Salary to \$ _____							
*Maximum and Guarantee Issue							
2-5 enrolled employees - \$25,000							
6-19 enrolled employees - \$50,000							
20-50 enrolled employees - \$100,000							
Dependent Life Benefit Amount							
<input type="checkbox"/> Spouse <table style="float: right;"> <tr><td>Child (6 months+)</td><td>\$7,500</td></tr> <tr><td>Child (14 days - 6 months)</td><td>\$3,750</td></tr> <tr><td>Child (14 days - 6 months)</td><td>\$100</td></tr> </table>		Child (6 months+)	\$7,500	Child (14 days - 6 months)	\$3,750	Child (14 days - 6 months)	\$100
Child (6 months+)	\$7,500						
Child (14 days - 6 months)	\$3,750						
Child (14 days - 6 months)	\$100						
<input type="checkbox"/> Spouse <table style="float: right;"> <tr><td>Child (6 months+)</td><td>\$4,000</td></tr> <tr><td>Child (14 days - 6 months)</td><td>\$2,000</td></tr> <tr><td>Child (14 days - 6 months)</td><td>\$100</td></tr> </table>		Child (6 months+)	\$4,000	Child (14 days - 6 months)	\$2,000	Child (14 days - 6 months)	\$100
Child (6 months+)	\$4,000						
Child (14 days - 6 months)	\$2,000						
Child (14 days - 6 months)	\$100						
<input type="checkbox"/> Spouse <table style="float: right;"> <tr><td>Child (6 months+)</td><td>\$2,000</td></tr> <tr><td>Child (14 days - 6 months)</td><td>\$1,000</td></tr> <tr><td>Child (14 days - 6 months)</td><td>\$100</td></tr> </table>		Child (6 months+)	\$2,000	Child (14 days - 6 months)	\$1,000	Child (14 days - 6 months)	\$100
Child (6 months+)	\$2,000						
Child (14 days - 6 months)	\$1,000						
Child (14 days - 6 months)	\$100						
Notes							

The answers provided in this Product and Benefit Selection Form are accurate and complete to the best of my knowledge and belief, and the Insurer shall rely and act upon them accordingly. This Product and Benefit Selection Form must accompany the Employer Application for Small Business. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signature		
Employer Signature _____	Title _____	Date _____