



560 N. Park Avenue  
P.O. Box 4309  
Helena, Montana 59604  
(406) 444-8200

**Customer Information Line:**  
1-800-447-7828

**Website:**  
[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

Thank you for your application for membership through Blue Cross and Blue Shield of Montana.

You have applied for health coverage that is designed and licensed only for persons that are not eligible for employer-sponsored coverage. Blue Cross and Blue Shield of Montana refers to this kind of product as an "Individual Product." Employer sponsorship includes any of the following: contribution to the premium, placing stipulations on the insurance carrier you choose, or placing stipulations on the benefits you apply for, allowing you to pay premiums through a Section 125 plan ("cafeteria" or "flexible benefits" plan), or endorsing the coverage. If there is any employer contribution or sponsorship, we cannot issue an Individual Product contract.

Based upon the above information, and to ensure Blue Cross and Blue Shield of Montana can maintain compliance with Montana laws, we request that you complete and return the enclosed questionnaire within 10 days. A return envelope is enclosed for your convenience.

Thank you for your cooperation. We look forward to providing coverage for you. If you need assistance, please call 1-800-447-7828, Extension 8720.

Underwriting Support Team  
Individual Underwriting  
Telephone: 1-800-447-7828, Extension 8720  
Fax: (406) 444-8475  
E-Mail: [unwind@bcbsmt.com](mailto:unwind@bcbsmt.com)

Case  
(UW15B)

## QUESTIONNAIRE

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Company Name \_\_\_\_\_

1. Do you or any of your dependents intend to report this coverage as a cafeteria plan or trade or business expense for tax purposes?

YES ‡     NO    If "YES," please explain:

2. Did your company employ two or more eligible employees† (including yourself) for at least 50 percent of its working days during the preceding calendar year and at least two employees (including yourself) on the first day of this calendar year?

YES †     NO

† Any employee defined in MCA 33-22-1803(12). All employees who work an average of 30 hours a week or more shall be considered an eligible employee unless at the sole discretion of the employer, the term may include an employee who works on a full-time basis with a normal workweek of between 20 and 40 hours as long as this eligibility criteria is applied uniformly among all of the employer's employees. The term does not include an employee who works on a part-time, temporary, or substitute basis.

- If your answer to Questions 1 and 2 is NO, please go to the end, sign and return this questionnaire.
- If your answer to Question 1 and/or 2 is YES, please complete the questionnaire in its entirety, sign and return this questionnaire.

3. Will any portion of the premium be paid by your company?

YES ‡     NO

‡ If YES response to one or more questions, you may not be eligible for individual coverage through Blue Cross and Blue Shield of Montana (BCBSMT).

I certify that the above information is true and correct to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_