



Montana Municipal Interlocal Authority
MMIA Employee Benefits Program Group Election Form (FY20-21)

This form is due back to MMIA by April 17, 2020

City Information

City/Town		Benefit Contact	
Mailing Address			
City	State	Zip	
Phone	Fax	Email	
Tax ID #			

Benefits FY 2020-2021

Please select benefits you would like to offer your group for FY 2020-2021.

I. Medical	
Menu* <input type="checkbox"/> <i>(Menu = Bridger, Madison, Mission, and HDHP)</i>	OR Bridger <input type="checkbox"/> Madison <input type="checkbox"/> Mission <input type="checkbox"/> HDHP <input type="checkbox"/> Custom** <input type="checkbox"/>
<i>*recommended</i>	<i>**if applicable</i>
II. Prescription (Choose ONE for all employees)	
Co-pay plan <input type="checkbox"/>	Percentage plan <input type="checkbox"/>
III. Dental	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Optional Dental Benefit (Orthodontics): Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Vision	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
V. Basic Life Insurance & AD&D (City/Town pays for this coverage)	
Basic Life & AD&D Volume <input type="text"/>	From \$5000 and up in increments of \$5000
Dependent Life Volume <input type="text"/>	From \$1000 and up in increments of \$1000
VI. Voluntary Life (Employee pays for this coverage)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

IMPORTANT INFORMATION - MUST BE COMPLETED AND SIGNED

1. For current calendar year (1/1/20-present) indicate total # of employees
2. Please indicate the number of employees eligible for benefits
3. Please indicate the number of employees enrolled

Please refer to your employee handbook or city employee policy to answer the following questions

<p>4. Number of hours per week required to be eligible for benefits (30 hr or less)</p> <input type="text"/>	<p>6. Do you prorate the contribution for employees working less than 40 hours/wk? <input type="checkbox"/> YES or <input type="checkbox"/> NO</p>	<p>8. For full time employees (min 130 hours/month), what is your waiting period? (no more than 90 days from date of hire)</p> <input type="text"/>				
<p>5. City/Town contribution (\$ or %)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="text"/></td> <td>Employee</td> </tr> <tr> <td><input type="text"/></td> <td>Dependent / Family</td> </tr> </table>	<input type="text"/>	Employee	<input type="text"/>	Dependent / Family	<p>7. Does your City/Town allow elected officials and contracted executive positions to become eligible for benefits? <input type="checkbox"/> YES or <input type="checkbox"/> NO</p>	<p>9. Does your City/Town give a contribution to employees that waive out of the medical plan? <input type="checkbox"/> YES or <input type="checkbox"/> NO</p> <p>If Yes, state amount \$ or % <input type="text"/></p>
<input type="text"/>	Employee					
<input type="text"/>	Dependent / Family					

If Yes, a copy of the resolution must be on file with MMIA

If you have calculated that you have more than 50 FTEs for ACA purposes:

For variable hour employees, which method will you use to determine eligibility?

- Lookback method**
- Lookback period (6 months to 1 year)* (The waiting period indicated in #8 will apply if this method is used.)
- Administrative period (90 days or less)**
- Month-to-month method**

* Please keep in mind that the coverage period at the end of the lookback and administrative period must be equal to the lookback period.

** The administrative period can be different than the waiting period, but please keep in mind section 105(h) which prohibits discrimination as to eligibility of your 25% most highly compensated employees.

Authorized signature

Date