

**MONTANA DISABILITY INSURANCE FOR UNINSURED MONTANANS CREDIT**  
Credit available to certain employers who make disability insurance available to employees

**MCA 15-30-129**  
**Instructions on back**

|                           |       |
|---------------------------|-------|
| Name (as shown on Form 2) | FEIN: |
|---------------------------|-------|

**PART I** **Note:** If you have contributed to any premiums for limited disability insurance on behalf of an employee within the last 12 months you **do not** qualify.

- ◆ Have you been in business in Montana for at least 12 months? \_\_\_\_\_Yes \_\_\_\_\_No
- ◆ Do you employ 20 or fewer employees working at least 20 hours per week? \_\_\_\_\_Yes \_\_\_\_\_No
- ◆ Do you pay at least 50% of each Montana employee's insurance premium? \_\_\_\_\_Yes \_\_\_\_\_No

If you answer **no** to any of the above questions, do not complete this form. You do not qualify for the credit.

**PART II**

The credit is limited to a maximum of 10 employees.

| Employee | Column 1               | Column 2                       | Column 3 | Column 4                     | Column 5                               | Column 6                     | Column 7                     |
|----------|------------------------|--------------------------------|----------|------------------------------|--|------------------------------|------------------------------|
|          | Monthly Premium Amount | % of Premiums Paid by Employer |          | Multiply Column 2 X Column 3 | Number of Months Each Employee Insured | Multiply Column 1 X Column 5 | Multiply Column 4 X Column 5 |
| 1.       |                        |                                | \$25     |                              |  |                              |                              |
| 2.       |                        |                                | \$25     |                              |  |                              |                              |
| 3.       |                        |                                | \$25     |                              |  |                              |                              |
| 4.       |                        |                                | \$25     |                              |  |                              |                              |
| 5.       |                        |                                | \$25     |                              |  |                              |                              |
| 6.       |                        |                                | \$25     |                              |  |                              |                              |
| 7.       |                        |                                | \$25     |                              |  |                              |                              |
| 8.       |                        |                                | \$25     |                              |  |                              |                              |
| 9.       |                        |                                | \$25     |                              |  |                              |                              |
| 10.      |                        |                                | \$25     |                              |  |                              |                              |

TOTAL

1. Multiply total of column 6 by 50% (.50).....\$ \_\_\_\_\_
2. Enter total from column 7.....\$ \_\_\_\_\_
3. Enter the smaller of line 1 or line 2. This is your credit. Enter this amount on Form 2A, Schedule II .....\$ \_\_\_\_\_

**Attach a copy of this form to your return**

## SPECIAL INSTRUCTIONS

This credit is available to certain employers who make disability insurance available to employees.

The credit allowed cannot be carried back or forward. The credit may only be used to offset tax liability.

Premiums paid by a small business corporation or partnership qualify for the credit. The credit is attributed to the shareholders or partners using the same proportion used to report income or loss for Montana tax purposes.

The credit may not be claimed for a period of more than 36 consecutive months and cannot be granted to an employer or its successor within 10 years of the last consecutive credit claimed.

In order to be eligible for the credit, the insurance premiums you pay must provide the disability insurance benefits that include, but are not limited to coverage for:

- ◆ maternity care consisting of prenatal and obstetrical care furnished by providers license or certified in accordance with the laws of the state of Montana or the state where the services are provided;
- ◆ newborn care consisting of routine hospital nursery and pediatric care for the child of a covered individual, or covered individual's spouse from the instant of birth until the child reaches the age of 31 days. If newborn coverage is to continue beyond 31 days and payment of a specific premium or subscription fee is required to provide coverage for the child, the policy may require that notification of the birth of the child and payment of the required premium be furnished to the insurer within 31 days after the date of birth in order to have the coverage continue beyond the 31 day period;
- ◆ well-child care consisting of immunizations and checkups for children under 2 years of age;
- ◆ services for the care and treatment of mental illness, alcoholism, and substance abuse, consisting of inpatient or outpatient services by any licensed Montana facility or provider, with a minimum annual benefit of \$1,000; and
- ◆ hospital care under terms and conditions established by the policy of insurance.

Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired. 