



## Montana Disability Insurance for Uninsured Montanans Credit

(Attach to your Form CLT-4)

Credit available to certain employers who make disability insurance available to employees.

Name (as shown on Form CLT-4)	FEIN:
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**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 Premium Amount	Column 2 % of Premiums Paid by Employer	Column 3 \$25	Column 4 Multiply Column 2 X Column 3	Column 5 Number of Months Each Employee Insured	Column 6 Multiply Column 1 X Column 5	Column 7 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

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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 Schedule C, line 6, Form CLT-4..... \$ \_\_\_\_\_

## Special Instructions

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

The credit for a small business corporations is attributed to the shareholders using the same portion 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 can not be granted to an employer or its successor within ten (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 licensed 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 or until the child reaches the age of 31 days. If newborn coverage is to continue beyond 31 days and payment of specific premium or subscription fee is required to provide coverage for a 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.