



## MEDICAL CARE DISCOUNT CARD SUPPLIER REGISTRATION RENEWAL AND ANNUAL FILING INSTRUCTIONS

### Registration Renewal:

Each year by December 31, a medical care discount card supplier must renew its certificate of registration. **The use of OPTins (electronic filing) has been mandated for annual renewals.** OPTins is an electronic filing application developed and supported by the National Association of Insurance Commissioners. Easy to follow instructions are available at <https://www.optins.org>. Once registered and set up, you will be able to log in, complete your renewal form, and submit the renewal fee. *Submission of the form and fee completes the annual renewal, pursuant to Mont. Code Ann. §33-38-105.*

### Annual Filing Instructions:

1. An updated list of your enrollers must be submitted by December 31, under Mont. Code Ann. §33-38-105(8). **New: Because this list is due on the same date as the registration renewal, you may upload your list into OPTins, while completing your registration renewal.**
2. Per Mont. Code Ann. §33-38-106(3), you must annually provide proof of maintenance of your surety account or renewal of your surety bond when the bond is renewed. A filing fee of \$250 must accompany this filing. **If you would like to submit this documentation and payment while completing your registration renewal in OPTins, you may do so by uploading your documentation and making a total payment of \$350 (\$100 renewal fee + \$250 bond renewal fee).**

Reminder: Throughout the year, if your company appoints any new officers or directors, copies of their biographical affidavits and copies of any orders or regulatory actions issued by any state or federal regulators must be submitted to this office. If you have neglected to file such documents with our office during the year, please upload them into OPTins, while completing your registration renewal or email them at any time, to our office at [CSIE exams@mt.gov](mailto:CSIE exams@mt.gov).

If you have any questions, please contact the Examinations Bureau at [CSIE exams@mt.gov](mailto:CSIE exams@mt.gov) or (406) 444-2040.



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Date \_\_\_\_\_

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

Address \_\_\_\_\_

FEIN \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

\_\_\_\_\_ Please check here if any of the above information is new.