



**MONTANA DEPARTMENT OF
SECURITIES AND INSURANCE
OFFICE OF THE
MONTANA STATE AUDITOR**
840 HELENA AVENUE
HELENA, MT 59601
406-444-2040

MEDICAL CARE DISCOUNT CARD
SUPPLIER
ANNUAL RENEWAL FORM

Mont. Code Ann. § 33-38-105

Date _____

Name _____

Address _____

FEIN: _____

Phone _____ Fax _____

Email _____

Contact Name _____

Contact Phone _____ Fax _____

Contact Email _____

The following items must be attached to this form to complete the Medical Care Discount Card Supplier Annual Renewal:

1. \$100 renewal fee pursuant to Mont. Code Ann. § 33-38-105.
2. Proof of renewal of bond and the \$250 bond filing fee* pursuant to Mont. Code Ann. § 33-38-106.
3. Updated list of the company's enrollers.
4. A biographical affidavit for any new directors or officers of the company.
5. A copy of any order or regulatory action issued by any state or federal regulator within the last 12 months.

*A single check for \$350 may be filed in lieu of two checks.