



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
AND ANNUAL FILING INSTRUCTIONS**

Date _____

Company Name _____

Address _____

FEIN _____

Contact Name _____

Contact Phone _____ Contact Email _____

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

Renewal of Registration:

Each year, by **December 31**, a medical care discount card supplier must renew its certificate of registration. To renew your registration, complete this form and mail it to the address above, with a check for the \$100 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). Because this list is due on the same date as the renewal form, we encourage you to file them together.
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 this filing is submitted with your annual renewal form, one check for \$350 is acceptable, in lieu of two separate payments.

Reminder: Throughout the year, if your company appoints any new officers or directors, copies of their biographical affidavits and copies of any order or regulatory action issued by any state or federal regulator must be submitted to this office. If you have neglected to file such documents with our office during the year, please send them with this renewal form.

If you have any questions, please contact the Examinations Bureau at CSIExams@mt.gov or (406) 444-2040.