



Join the Cover Montana Community

The Cover Montana Community is a diverse network of organizations and individuals committed to helping their communities understand and sign up for new affordable health insurance options. Cover Montana is dedicated to growing the network of partners to join us in this effort and strengthen outreach and enrollment efforts throughout Montana. There are several ways to join the Cover Montana Community.

Cover Montana Community Partners

- Partners are what make the Cover Montana Community strong and effective in reaching individuals and families across Montana. The Health Insurance Marketplace and new insurance coverage can be confusing and complicated. Cover Montana relies on local trusted organizations to help spread accurate and timely information to ensure that Montanans not only enroll in coverage that meets their needs, but that they have information and tools to make their coverage work.
- There is no cost to be join as a Community Partner, but a signed application is required.
- Cover Montana Community Partners have the option of having their organizational name listed and linked on the Cover Montana Community page of the Cover Montana website (<http://covermt.org/about-us/>).

Cover Montana Community Sponsors

- Sponsors are just as dedicated to the work of reaching and enrolling Montana communities in affordable insurance, and they have the capacity to financially support the work. The Cover Montana site was built by the Montana Primary Care Association (MPCA) as a tool for the outreach and enrollment community across Montana. However, MPCA needs help to continue to support and improve the site. This includes website updates, new statewide outreach and enrollment resources, and paid media to drive Montanans to the site and to local enrollment resources.
- Cover Montana Community Sponsors contribute at least \$250.00 annually.
- Sponsors must sign the Cover Montana Community application.
- Cover Montana Community Sponsors have the option of having their organizational name and logo listed and linked on the Cover Montana Community page of the Cover Montana website (<http://covermt.org/about-us/>).

Applicants must meet the following to join the Cover Montana Community:

- Agree to share accurate and timely information and resources about new insurance options.
- Agree to participate in ongoing webinars and trainings as they are available and fit the role and needs of the applicant organization.
- Organizations and entities must be working to advance access to quality, affordable health care. Opponents of such work will not be approved.

Cover Montana reserves the right to deny applications to organizations and entities that don't meet these requirements.

Cover Montana is a project of the Montana Primary Care Association. For questions about joining, please contact Olivia Riutta, oriutta@mtpca.org, (406) 465-5145.

Cover Montana Community Application

Organization Name: _____

Name of Contact Person and Position:

Address: _____

Phone: _____

Email: _____

I am applying on behalf of my organization for:

Cover Montana Community Partner

Cover Montana Community Sponsor

_____ (name of organization) agrees
to contribute _____ to support the Cover Montana Community.

I agree to have my organizational name/logo included on the Cover Montana website.

Name of applicant and date:

Signature of applicant:

Name of Cover Montana representative and date:

Signature of Cover Montana representative:

This application must be sent to the Montana Primary Care Association via email, oriutta@mtpca.org; or by mail, 1805 Euclid Ave. Helena, MT 59601. Sponsor applicants will be sent an invoice for the contribution amount listed above.