

## EMPLOYMENT VERIFICATION FORM MONTANA EMPLOYEES WORKING SOLELY IN NORTH DAKOTA

**Please read below before completing this form:**

The Montana Workers' Compensation Act contains definitions and coverage requirements pertaining to residents of Montana and non-residents. The workers covered by a Montana workers' compensation policy are defined by Section 39-71-118, MCA.

Effective July 1, 2015, Montana employees employed by Montana employers who work solely in North Dakota and are required to be covered in North Dakota are not required to be covered in Montana as long as those employees are covered under a policy in North Dakota. "Work solely in North Dakota" means the employee does not perform job duties in Montana and coverage is required by the state of North Dakota. Travel that is commuting to and from a job site in North Dakota from a location in Montana does not constitute performing job duties in Montana even if the employer pays for all or a portion of the costs of travel or if the worker is paid for the travel time. The Montana workers' compensation insurer may require proof of coverage in North Dakota and records of work in North Dakota.

**Please complete this form attesting to your North Dakota coverage as required by your Montana workers' compensation insurer. It will assist your Montana insurer with decisions on premium and/or claims. If you have questions, contact your Montana insurer or the Montana Department of Labor and Industry at 406-444-6532.**

**Montana Employer's Business Name:**

**Federal Employer Identification Number (FEIN):**

Employer Address: City and State: Zip Code:

Employer Email Address: Employer Phone Number:

Name of Individual Completing this Form: Title: Phone Number:

**Name of Montana Workers' Compensation Insurer:** Montana Policy Number:

Insurer Address: City and State: Zip Code:

Insurer Phone Number:

**North Dakota Policy Number:**

Location of North Dakota Work:

**List Montana Resident(s) Working Solely in North Dakota:**

Worker(s) Name: Worker(s) Permanent Address Start Date and End Date or estimated dates of Work Performed in ND:

I hereby certify that I have read and fully understand the accompanying instructions and have completed this form to the best of my ability. All the information provided herein is true and correct.

Authorized Signature Title Date Phone Number

Form Number and Date

Version of June 2, 2015