

Montana New Hire Reporting Form

<https://dphhs.mt.gov/CSED>

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: _____
Business Name: _____
Mailing Address: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Ext. _____ Fax Number: _____
Email Address (optional) _____

If the above business address is new, please mark this box ☐

EMPLOYEE SECTION – REQUIRED INFORMATION

- ❖ If your company address is outside of the United States, report online.
- ❖ If the individual *does not have a Montana address*, report online.

Social Security Number: _____ Date of Hire: _____
Last Name: _____ First Name: _____ MI: _____
Mailing Address: _____
Address Line 2 _____
City: _____ State: _____ Zip Code: _____
Home Address: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Optional Employee Information

Home Phone: _____ Date of Birth: _____
Work Phone: _____ State of Hire: _____
Is Health Insurance Available: ☐ Yes ☐ No
Date Health Insurance Is Available: _____

Want the convenience of reporting your new hires online?

Go to: <https://dphhs.mt.gov/CSED/employerinfo/newhirereporting>

New Hire Reporting Helpline: 1-888-866-0327 or 406-444-9290

Fax to: 1-888-272-1990 / **Local Fax:** 406-444-0745

Or Mail To: Montana New Hire Reporting
PO Box 8013
Helena, MT 59604-8013

(REV 12/2017)