

Please print legibly and complete the appropriate sections. Section 1, 2, and 4 must be completed. Complete Section 3 only if you are requesting a direct deposit reimbursement.

SECTION 1 - PARTICIPANT INFORMATION

CHECK ONE: New Payment Change Existing Payment

Participant Name: _____ Montana VEBA HRA Acct. No. or Soc. Sec. No.: _____

Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

E-mail Address: _____

Does your spouse have a VEBA account? Yes No If yes, please provide spouse's Soc. Sec. No. _____

SECTION 2 - PAYMENT/REIMBURSEMENT INSTRUCTIONS

1. Make payment/reimbursement payable to: _____

2. Amount of payment \$ _____ Payment Frequency: Monthly Quarterly Annually

3. Mail payment to (address): _____
Street or P.O. Box _____ City _____ State _____ Zip _____

4. Date first payment should be **received**: _____ Effective date of insurance coverage or change: _____

5. Is policy in your name? Yes No If premium is for a policy that is not in your name (such as your spouse's) please list his/her name, social security number and policy number.

Name Soc. Sec. No. Policy No.

SECTION 3 - REQUEST FOR DIRECT DEPOSIT (FOR REIMBURSEMENTS ONLY)

Complete this section only if your premium payments are being deducted from your pension check or if you are paying them yourself and you are requesting a reimbursement via direct deposit for these premiums.

Name of Financial Institution: _____
(Bank or Credit Union)

Bank or Credit Union Phone Number: (____) _____ Account Type: Checking Savings

Account Number: _____ Routing Number: _____

A voided check must be included for direct deposit. (Deposit slips are not acceptable.) If a voided check is not available, please contact your bank or credit union for your account number and routing number.

SECTION 4 - AUTHORIZATION & SIGNATURE

I (participant) hereby authorize the Montana VEBA HRA Administrator to disburse funds from my Montana VEBA HRA account as provided for in this form. I understand that it is ultimately my responsibility to notify the Montana VEBA HRA Administrator if my premium amount(s) changes, and to make arrangements for continuing my premium payments when my Montana VEBA HRA account is depleted. I hereby agree to hold the State of Montana and the Montana VEBA HRA Administrator harmless for any damages that may occur from following the instructions on this form. I hereby certify that the foregoing statements are true and correct and the premium amount submitted is the accurate amount of my cost of qualified insurance premiums.

This paragraph only applies if you completed Section 3 above. I hereby authorize and request the Montana VEBA HRA Administrator to electronically deposit a monthly reimbursement for my insurance premiums to the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications. This authorization will remain in effect until cancelled by written notice from me or my power of attorney.

Participant's Signature: _____ Date: _____

Mail to: Montana VEBA HRA Administrator
c/o REHN & Associates, Inc.
P.O. Box 5433
Spokane, WA 99205-0433

Questions? Call:

Montana VEBA HRA Administrator
1-800-VEBA101 (832-2101)
(509) 534-0600
Fax: (509) 535-7883
E-mail: montana@rehnonline.com

INFORMATION FOR RETIREE INSURANCE PREMIUM PAYMENTS

You may choose one of two payment methods to pay your retiree insurance premium(s) using your Montana VEBA HRA account.

PAYMENT OPTIONS (*Option 1 is recommended. See "Important Note" below.*)

Option #1 (Just complete these 2 simple steps):

Step 1. Make arrangements to pay your retiree insurance premium payments on your own behalf. If you become a participant in the Montana State Employee Group Benefits Plan you may make payments by:

- a. automatic deduction from MPERA benefits,
- b. monthly self-payments by check, or
- c. by electronic premium deduction from your checking or savings account.

You would choose one of these options on the Retiree Election form. Note, if you prepay premiums from your final paycheck on a pre-tax basis, you may not also be reimbursed from the Montana VEBA HRA for the same monthly prepaid premiums.

Step 2. Notify the Montana VEBA HRA Administrator to reimburse you for an equal amount and send the reimbursement directly to you or to your designated bank account by completing a "Montana VEBA HRA Systematic Payment Form" (the front of this form) and send the original to the following address:

Montana VEBA HRA Administrator
REHN & Associates
P.O. Box 5433
Spokane, WA 99205-0433

Option #2:

1. Request the Montana VEBA HRA Administrator pay your insurance premium directly to your insurance provider (including the Montana State Employee Group Benefits Plan, if you are a participant in their Plan) for your insurance coverage(s) by completing a "Montana VEBA HRA Systematic Payment Form" (the front of this form), and then send the original to the following address:

Montana VEBA HRA Administrator
REHN & Associates
P.O. Box 5433
Spokane, WA 99205-0433

IMPORTANT NOTE

If you select Option 1 above, you will not need to make new arrangements for your premium payment when your Montana VEBA HRA account runs out. If you select Option 2, you will need to contact your insurance administrator to determine the proper method to make premium payments when your Montana VEBA HRA account runs out.

When you have a change in premium, it is your responsibility to notify the Montana VEBA HRA Administrator to have your payment/reimbursement adjusted. Please use your Montana VEBA HRA account number whenever communicating with the Montana VEBA HRA Administrator and be sure to notify us of any address change.

FOR MORE INFORMATION

Contact the Montana VEBA HRA Administrator at 1-800-VEBA101 (832-2101) or montana@rehnonline.com.