



ENROLLMENT FORM

REHN & ASSOCIATES
 EMPLOYEE BENEFITS ADMINISTRATION
 Montana VEBA HRA Administrator
 P.O. Box 5433
 Spokane, WA 99205-0433
 (509) 534-0600
 1-800-VEBA101 (832-2101)
 Fax: (509) 535-7883
 E-mail: montana@rehnonline.com
 Website: www.rehnonline.com

Participant Information

Employee Name _____ Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip Code _____

E-mail Address: _____

Employment Status: Active Separating Employer _____

Daytime Phone No. (____) _____ Spouse's Name _____ Date of Birth ____/____/____

Dependent _____ Date of Birth ____/____/____ Dependent _____ Date of Birth ____/____/____

Dependent _____ Date of Birth ____/____/____ Dependent _____ Date of Birth ____/____/____

Dependent _____ Date of Birth ____/____/____ Dependent _____ Date of Birth ____/____/____

Dependent _____ Date of Birth ____/____/____ Dependent _____ Date of Birth ____/____/____

Investment Fund Selection

Please choose the investment fund or funds for your Montana VEBA HRA:

- | | | |
|--|-------|---|
| Marshall Money Market Fund | _____ | % |
| Vanguard Short-Term Bond Index Fund | _____ | % |
| Vanguard Long-Term Bond Index Fund | _____ | % |
| Vanguard 500 Index Fund | _____ | % |
| Federated Capital Appreciation Fund | _____ | % |
| Federated Kaufmann Fund | _____ | % |
| American Century Strategic Allocation: Conservative Fund | _____ | % |
| American Century Strategic Allocation: Moderate Fund | _____ | % |
| American Century Strategic Allocation: Aggressive Fund | _____ | % |
| | 100 | % |

If you do not choose an investment fund, the total value of your Montana VEBA HRA account will be allocated to the Marshall Money Market Fund. Benefit withdrawals from your funds will be made proportionately, unless you request otherwise.

Plan education is provided by AIG VALIC (406) 329-5500.

Please use whole numbers, we cannot account for fractions.

Hold Harmless Agreement & Required Signature

I hereby become a participant of the State of Montana Voluntary Employees' Beneficiary Association Health Benefit Plan, also known as the "Montana VEBA HRA." I realize that the parties involved in this plan (including, but not limited to, my employer, its agents, my bargaining representative, if applicable, and the Trustee) cannot guarantee any federal or state tax results or investment results. I acknowledge that any benefits to which I may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan or its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty or assessment which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such actions taken in good faith.

Signed this _____ day of _____, _____

 Signature of Employee

To the Employee: Please keep a copy for your personal records and forward this original signed form to your employer's human resource/employee benefits department. After receipt of a contribution on your behalf, the Montana VEBA HRA Administrator, REHN & Associates, Inc., will send you a welcome letter confirming the contribution and your new Montana VEBA HRA account number, plus a Claim Form, Systematic Payment Form, Account Information/Fund Allocation Change Form, and a Plan Summary.

To the Employer Human Resource/Employee Benefits Department: Keep a copy of this form. Please mail this original form to the Montana VEBA HRA Administrator: REHN & Associates, Inc., P.O. Box 5433, Spokane, WA 99205. To order VEBA forms, contact the Montana VEBA HRA Administrator: 1-800-VEBA101 (832-2101) or (509) 534-0600 (Spokane), or e-mail: montana@rehnonline.com or fax (509) 535-7883.

Employer Contact Person: _____ Phone: _____

Participants are encouraged to consult their tax and investment advisors regarding participation in this Plan.