Enrollment Form

Return completed form to your employer

Montana VEBA HRA Third-Party Administrator (TPA)

Rehn & Associates | PO Box 5433 | Spokane, WA 99205-0433 |
Phone: (800) 832-2101 | Fax: (509) 535-7883 | Email: Montana@rehnonline.com

MONTANA VEBA
HEALTH REIMBURSEMENT ACCOUNT

EMPLOYEE, SPOUSE & DEPENDENT INFORMATION

Note: Your spouse and dependent(s) are automatically covered under this plan. The below information is required in accordance with federal law which requires the third-party administrator to have on file the full name, Social Security Number, gender and date of birth for all covered individuals. List any additional dependents on an attached sheet of paper.

First Name	Middle Initial	Last Name	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Social Security Number	Medicare Eligible?	
Self						☐ Yes	☐ No
Spouse						☐ Yes	☐ No
Dependent 1						☐ Yes	☐ No
Dependent 2						☐ Yes	☐ No
Dependent 3						☐ Yes	☐ No

EMPLOYEE CONTACT INFORMATION

Email Address _____ **Phone Number** (_____) _____-_____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

INVESTMENT SELECTION

Indicate your desired investment fund allocation change using whole numbers; no fractions or decimals. The total amount **must equal 100%.** Visit each fund's respective website as listed on the Investment Fund Overview to view and read the fund prospectus.

Federated Government Obligations Fund	%	Vanguard Mid-Cap Index Fund	%
Vanguard Short-Term Bond Index Fund	%	American Funds EuroPacific Fund	%
Vanguard Long-Term Investment-Grade Fund	%	American Century Strategic Allocation: Conservative Fund	%
Vanguard 500 Index Admiral Fund	%	American Century Strategic Allocation: Moderate Fund	%
Vanguard Value Index Fund	%	American Century Strategic Allocation: Aggressive Fund	%

Total investment fund allocation must equal 100%. If you do not choose an investment fund, the total value of your account will be allocated to the Federated Government Obligations fund (GOFXX). Benefit withdrawals from your funds will be made proportionately, unless you request otherwise. Login to your account online at montana.rehnonline.com for account information.

HOLD HARMLESS AGREEMENT & REQUIRED SIGNATURE

"I hereby become a participant of the State of Montana Voluntary Employees' Beneficiary Association Health Benefits Plan, also known as the "Montana VEBA HRA." I realize that the parties involved in this Plan (including, but not limited to the Plan, my employer, my bargaining representative (if applicable), the Trustees and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee and 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 allocations taken in good faith."

Participant Signature _____ **Date** _____

To the Employee: Please keep a copy for your personal records and forward the original signed copy to your employer's human resources or employee benefits department. After receipt of a contribution on your behalf, the TPA will send you a welcome letter confirming the contribution and your new Montana VEBA HRA account number, a Claim Form, Systematic Payment Form, Account Change Form and a Plan Summary.

To the Employer Human Resources / Employee Benefits Department: Keep a copy of this form. Please mail the original form to the TPA at the address listed above.

Employer Contact Person _____ **Employer Phone Number** (_____) _____-_____

Employer / Agency _____

Please read the prospectus(es) for your selected fund(s). Participants are encouraged to consult their tax, investment or legal advisor regarding participation in this Plan. Please notify the TPA of any address changes.