GROUP DISSOLUTION NOTICE

Agency/Public Entity _____

Detailed Description of Group _____

Union/Non-Union/Blend _____

Any Separation/Eligible to Retire _____

Contribution Source _____

Group Number _____ Date _____

Per VEBA Administrative Rule, ARM 2.21.1937(3), a group must have at least 5 members. Health Care & Benefits/Department of Administration has verified with us that your group membership has dropped below the minimum of 5 required members and must dissolve.

Therefore, it is the annual renewal notice period for your Montana VEBA HRA group that has _____members and the group will be disbanded as of _____. If you wish to have an evaluation of Montana VEBA HRA group membership options completed, please advise _____. Please note, this does not guarantee formation of a new group.

Thank you.

_____(Name)

_____(Title)

_____(Phone/Fax)