

## 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.

For questions on the rule changes, please contact Melanie Denning in Health Care and Benefits Division at 406-444-3745.

Thank you.

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Phone/Fax)