

MEMO FOR MONTANA VEBA HRA GROUP ANNUAL VOTE

Agency/Public Entity _____, group description _____
union/non-union/union & non-union
any separation/eligible to retire _____,
effective date of group _____.

To: _____

From: _____

RE: Montana VEBA HRA VOTE – Annual Group Vote

Your Montana VEBA HRA group is up for renewal as of _____ with current contribution source(s) of _____. Your ballot must be returned to _____ before 5:00 PM on _____. **LATE BALLOTS WILL NOT BE ACCEPTED.**

Remember that the outcome of a group is determined by a majority of the ballots submitted. Only returned ballots are counted.

Your group may vote to:

- Keep the group as it is (see above).
- Vote to change contribution source from the current to _____.
- Vote to disband the group. If the group votes to disband, you may request to vote at any time to set up a new group.

If you would like to learn more and schedule an education session, contact _____. The Montana VEBA HRA website is: montanaveba.mt.gov.

Results of the vote will be provided by _____.

IF the group votes to remain as is or change to a new contribution source, the effective date of the group will be _____.

IF the group votes to disband, the group will terminate on _____.

MONTANA VEBA HRA ANNUAL GROUP BALLOT

Agency/Public Entity _____, group description _____ union/non-union/union & non-union

any separation/eligible to retire

, effective date of group _____.

Voter Name _____ Date _____
(All names and votes will remain confidential.)

Please check applicable box below: (Please check only one box)

You are encouraged to vote. Please mark your vote below and sign your name.
Ballots that are unsigned or unmarked will NOT be counted. Ballots returned
after the deadline will not be counted.

- I wish to **CONTINUE** with the current group structure and contribution source
of my existing MT VEBA HRA group _____.

- I wish to **DISBAND** my existing MT VEBA HRA group.

- I wish to **CHANGE** the contribution source to _____.

Signature:

Completed ballots may be returned via: _____.



MONTANA VEBA
HEALTH REIMBURSEMENT ACCOUNT