

(Place on Entity Letterhead)

## COVER 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](http://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: \_\_\_\_\_.