



STRAW POLL

A request has been received to form a VEBA group for the _____.

The results of this poll will be the information transferred to the formal VEBA Group ballot to vote on the establishment of a Montana HRA VEBA group. The Montana VEBA Health Reimbursement account (HRA) provides a tax-free fund to be used at the employee's separation from service to pay approved health insurance premiums for medical, dental, and vision monthly premiums as well as approved out-of-pocket expenses for you and your tax-qualified dependents. It is funded by either 25% of your sick-leave balance or 25% of your sick-leave balance and 100% of your annual leave balance at separation from service. The ongoing status of a VEBA group will be voted on once a year.

Simple majority of **returned** straw poll ballots will determine the formal ballot election option(s). You will only establish an account if you separate from service during the year in which the VEBA vote is active for the group. Please call _____ or visit the Montana VEBA HRA website, montanaveba.mt.gov for further information.

Please return your straw poll ballot indicating if you are interested in forming a VEBA group based on the following criteria:

- Description of group _____
- Union, non-union or union & non-union _____
- Any Separation or Eligible to retire for the group structure _____

YES

NO

If you are interested in forming a VEBA group, you will need to decide on a contribution source. Check one of the options below:

25% Sick Leave

25% Sick Leave & 100% Annual Leave

Name: _____ Phone: _____
(Please Print)

Upon receipt of completed forms by the date, then a formal ballot will be sent to determine the final vote. Potential group year for this group will be _____ to _____. Return to _____, via email or fax # _____ before 5:00 pm _____.

Late straw poll ballots will not be accepted