

Account Change Form

Email, fax or mail completed form to third-party administrator



MONTANA VEBA
HEALTH REIMBURSEMENT ACCOUNT

Montana VEBA HRA Third-Party Administrator (TPA)

Rehn & Associates | PO Box 5433 | Spokane, WA 99205-0433 |

Phone: (800) 832-2101 | Fax: (509) 535-7883 | Email: Montana@rehnonline.com

PARTICIPANT CONTACT INFORMATION / NAME CHANGE

Note: If you are submitting a name change, you **must attach** supporting legal documentation

Medicare Eligible?	<input type="checkbox"/> No <input type="checkbox"/> Yes	HICN # (if applicable):		
Last Name <input type="checkbox"/> Check here if new	First Name	M.I.	Participant Account # or SSN	
		() -		
Email Address <input type="checkbox"/> Check here if new		Phone Number <input type="checkbox"/> Check here if new		
Mailing Address <input type="checkbox"/> Check here if new		City	State	Zip

SPOUSE / DEPENDENT UPDATE

Note: Your spouse and dependent(s) are automatically covered under this plan. The below information is required in accordance with federal law which requires the third-party administrator to have on file the full name, Social Security Number, gender, and date of birth for all covered individuals. List any additional dependents on an attached sheet of paper.

First Name	M.I.	Last Name	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Social Security Number	Medicare Eligible?
Spouse						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 1						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 2						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 3						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 4						<input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTMENT ALLOCATION CHANGE

Indicate your desired investment fund allocation change using whole numbers; no fractions or decimals. The total amount must equal 100%. Visit each fund's respective website as listed on the Investment Fund Overview to view and read the fund prospectus.

Reallocate my current balance(s) and invest any future contributions (if applicable) as per the following instructions:

Federated Government Obligations Fund	%	Vanguard Mid-Cap Index Fund	%
Vanguard Short-Term Bond Index Fund	%	American Funds EuroPacific Fund	%
Vanguard Long-Term Investment-Grade Fund	%	American Century Strategic Allocation: Conservative Fund	%
Vanguard 500 Index Admiral Fund	%	American Century Strategic Allocation: Moderate Fund	%
Vanguard Value Index	%	American Century Strategic Allocation: Aggressive Fund	%

AUTHORIZING SIGNATURE

For name change: Required documentation attached? ☐ Yes ☐ No

Participant Name (Please Print)

Participant Signature

Date