



Checklist for VEBA group members separating from service.

1. [**Current Quarter VEBA Enrollment Packet**](#) – Provide to the employee. Ask to have the Montana VEBA HRA Enrollment form filled out, signed and dated and returned to you. Once received, please review to see that each section (1, 2 & 3) is completed. Assure that employee has signed and dated form. As agency/public entity representative, sign and date bottom of form.
 - City, county, K-12 entities, and University units - send the completed VEBA enrollment form and check or electronic funds transfer of account contributions to Rehn & Associates, Spokane, WA.
 - State of Montana Agencies – send the signed VEBA Enrollment form to the VEBA Coordinator.
2. If, at separation from service, you hear from employee that they are either electing current Marketplace coverage (they are under 65 years of age/Medicare Eligible) they are planning to take another job (actively employed) or are moving to a spouse's coverage that is actively employed, please provide them the [Limited Coverage Option VEBA Question & Answer](#) and [Limited Scope Option Enrollment Form](#).
3. Payroll process:
 - City, county, K-12 entities, and University units - contact Rehn & Associates for instructions. Use link on current webpage.
 - State of Montana Agencies – send signed and dated VEBA Enrollment form to the VEBA coordinator and code the separating employee's correct leave balance elected by the group as:
 - Sick leave = VBATR
 - Annual leave = VBAEX