

COVER MEMO FOR MONTANA VEBA HRA GROUP NEW GROUP VOTE

Agency/Public Entity	
Group Description/Group Number	
Union/Non-Union/Blend	
Eligibility	
Effective Date	

To: _____

From: _____

Date: _____

RE: Montana VEBA HRA Vote – Establish a New Group

The _____ (Employer) has adopted the Montana VEBA HRA plan, which permits the Employer to make a tax-free contribution of your unused sick leave and annual leave (depending on your group structure) to your MT VEBA HRA participant account when you separate from service. This account may be used to reimburse eligible out-of-pocket healthcare costs for you, your spouse, and tax-qualified dependents. Education sessions have been completed.

If your group votes to establish a new Montana VEBA HRA group, the contribution of designated leave balance(s) is required for all group members who separate from employment for any reason.

Consider the following:

1. This vote affects all employees in your group who separate from the service for any reason between _____ - _____.
2. A voting ballot is included here as page two and must be returned to _____ by _____. Late ballots will not be accepted.
3. Only returned ballots will be counted.
4. The majority of the submitted votes determine the outcome of the group.
5. Your Employer will notify all group members of the majority decision by _____.
6. A new vote will be conducted annually. You will receive a reminder notice 30-days prior to the anniversary date for your group.

Any questions concerning the voting process should be directed to _____.

More information at montanaveba.mt.gov.



MONTANA VEBA
HEALTH REIMBURSEMENT ACCOUNT

(Place on agency/employer letterhead)

MONTANA VEBA HRA NEW GROUP BALLOT

All names and votes are confidential.

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Check applicable box below: *(Select only one)*

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.

☐ **YES**, I vote to establish a Montana VEBA HRA group with the contribution source(s) of

☐ **NO**, I vote **not** to establish a Montana VEBA HRA group.

Voter Name _____

Signature: _____ Date _____

Completed ballots may be returned via:



MONTANA VEBA
HEALTH REIMBURSEMENT ACCOUNT

New Group Ballot April 2024