

(Use Employer Letterhead)

EMPLOYER POLICY
FOR THE
STATE OF MONTANA VEBA HEALTH BENEFIT PLAN AND TRUST
(“MONTANA VEBA HRA”)

The _____, (“Employer”) hereby adopts the following policy:

The Employer is eligible to participate in the State of Montana VEBA Health Benefit Plan and Trust (“the Plan”) after a completed Employer Adoption Agreement is accepted by the Department of Administration, State of Montana.

This policy requires that all employees separating from service for any reason and who are group members of the _____ (“Employee Group”) while this policy is in effect shall be required to contribute the value of the contribution sources denoted below to the Plan.

The Employer shall make tax-free contributions to the Plan on behalf of the members of the Employee Group, when those group members separate from service for any reason.

Employer contributions shall be made as follows: (Check box(es) applicable)

- Cash-out value of 25% of unused sick leave hours for employees eligible for such contributions at the time of their separation from service.
- Cash-out value of 100% of unused annual leave hours for employees eligible for such contributions at the time of their separation from service.

The effective date of this policy shall be _____ to _____.

Authorized Signature

Date