Montana VEBA HRA Enrollment Form

State of Montana employees return this form to the Department of Administration, Health Care & Benefits Division at BenefitsQuestions@mt.gov or via mail to PO Box 200130, Helena, MT 59620-0130. For questions call (800) 287-8266 or TTY (406) 444-1421.

Public entity employees should return this form to their HR/Payroll department prior to the public entity sending the funding check to Rehn and Associates. If the funding check has already been sent to Rehn and Associates, the employee should send this form to Rehn and Associates at Montana@rehnonline.com or via mail to PO Box 5433, Spokane, WA 99205-0433. For questions call (800) 832-2101.

Employee, Spouse, and Dependent Information

Note: Your spouse and tax-qualified 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	Middle Initial	Last Name	Gender	Date of Birth (mm/dd/yyyy)	Social Security Number	Medicare Eligible Y or N

Employee Contact Information

Mailing Address_____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Employee was Employed By _____

Investment Selection

Indicate your desired investment fund allocation using whole numbers; no fractions or decimals. The total amount must be equal to 100%. Visit each fund's respective website as listed on the VEBA Investment Fund Overview to view and read the fund prospectus. If you do not choose an investment fund, the total value of your account will be allocated to the Federated Government Obligations fund (GOFXX). Benefit withdrawals from your funds will be made proportionately, unless you request otherwise. Login to your account online at montana.rehnonline.com for account information.

Ticker	Investment Fund	Percent Allocated
AACDX	American Century Strategic Allocation: Conservative Fund	
ASMDX	American Century Strategic Allocation: Moderate Fund	
AAAUX	American Century Strategic Allocation: Aggressive Fund	
VFIAX	Vanguard 500 Index Admiral Fund	
VVIAX	Vanguard Value Index Fund	
VIMAX	Vanguard Mid Cap Index Fund	
RERGX	American Funds EuroPacific Fund	
VBIRX	Vanguard Short-Term Bond Index Fund	
VWETX	Vanguard Long-Term Investment-Grade Fund	
GOFXX	Federated Government Obligations Fund	

Acknowledgement and Signature

I understand I am a participant in the State of Montana Voluntary Employees' Beneficiary Association Health Benefits Plan, also known as the "Montana VEBA HRA". I understand that the Plan, my employer, the Trustees of the Plan and the agents of each, collectively referred to as the "Plan and its agents" cannot guarantee a specific rate of return on my investments. I understand that any investment options I choose are my decision and that the rate of return on my investments is not guaranteed. I understand further that I should ask my personal tax and investment advisor if I have questions about my choices in investment options and/or my participant account.

Participant Signature_____ Date_____

Participant Printed Name _____