

# Account Change Form

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

**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](mailto:Montana@rehnonline.com)

**MONTANA VEBA**  
HEALTH REIMBURSEMENT ACCOUNT

## PARTICIPANT CONTACT INFORMATION / NAME CHANGE

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

**Medicare Eligible?**  No  Yes HICN # (if applicable) \_\_\_\_\_

**Last Name**  Check here if new **First Name** **M.I.** **Participant Account # or SSN**

**Email Address**  Check here if new **Phone Number**  Check here if new

**Mailing Address**  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	Middle Initial	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 Institutional Index Fund	_____ %	American Century Strategic Allocation: Moderate Fund	_____ %
Federated Equity Income Fund	_____ %	American Century Strategic Allocation: Aggressive Fund	_____ %
<b>TOTAL MUST EQUAL</b>			<b>100%</b>

## AUTHORIZING SIGNATURE

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

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**