

# MONTANA VEBA

## HEALTH REIMBURSEMENT ACCOUNT

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### MEMO

**TO:** Eligible Montana VEBA HRA Participant

**FROM:** State of Montana Health Care & Benefits Division (HCBD)

**SUBJECT:** Montana VEBA HRA Enrollment – **ACTION REQUIRED**

Due to your termination of employment, you are being enrolled in the Montana VEBA HRA as a participant. To complete your enrollment, you must **complete and return the attached Montana VEBA Enrollment Form to your Human Resources/Payroll office before your last day of employment.**

You became a member of a VEBA group within your work unit when:

- members of your work unit voted to establish a VEBA group;
- you were hired into a job position within an existing VEBA group;
- or you met the eligibility requirements of the existing VEBA group.

Unless the members of a VEBA group vote to disband the group, you remain a member of the group.

After you have separated employment, the completed enrollment form and your leave payout balance will be sent to Rehn & Associates, the administrator of the Montana VEBA HRA. Rehn & Associates will set up your personal Montana VEBA HRA account and mail you a Welcome Packet that includes your account information, balance, and information on how to access your account. For more information, contact Rehn & Associates at (800) 832-2101 or email [montana@rehnonline.com](mailto:montana@rehnonline.com).

If your contact information changes, including your mailing address, phone number or email address, please contact Rehn & Associates. If Rehn & Associates does not have your current contact information, Rehn & Associates cannot contact you regarding your account and your unused balance. Your account may be placed in an unclaimed status and your funds may revert to the State of Montana VEBA HRA.

If you have any other questions regarding the Montana VEBA HRA, feel free to contact HCBD at (800) 287-8266, TTY (406) 444-1421, or email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).