Systematic Premium Reimbursement Form

E-mail, fax, or mail completed form and itemized verification to third-party administrator. Instructions on reverse.

Montana VEBA HRA Third-party Administrator | Rehn & Associates PO Box 5433 | Spokane, WA 99205 | Phone 1-800-832-2101 | Fax (509) 535-7883 E-mail montana@rehnonline.com



PARTICIPANT PERSONAL INF	ORMATION					
Last Name	First I	Name	Participai	nt Account No.	. or SSN	
Mailing Address	□ Check here if new addres	City		State	Zip	
E-mail Address (home or personal re	ecommended)	□ Check here if new	e-mail address	() _ Area Code	and Phone No.	
2 SYSTEMATIC PREMIUM REIM You must attach documentation whic provider name and address. This info are or could be deducted pre-tax through the could be deducted by the could be deducted pre-tax through the could be deducted by the could be	ch includes the following: (1) na ormation is typically contained or ough a section 125 cafeteria pla	me(s) of covered individual properties on your premium billing an, are not eligible for re	notice. NOTE: Pre			
 Date first reimbursement should Effective date of insurance cover Amount of reimbursement \$ 			e): 🗆 Monthly	□ Quarterly	□ Semi-annually □ Annually	
4. Is policy in your name? $\hfill\Box$ Yes policy number.	□ No If premium is for a p	oolicy that is not in your	name (such as yo	ur spouse), ple	ease list his/her name, SSN, or	
Name:	Name: Policy No. or SSN:					
If you are not already enrolled in dire will supersede any previous direct do account number verification. For dire a voided check is not available. Account type (check one): □ Checking account □ Savings account	eposit enrollment on file. For dir	rect deposit to a checki nt , please contact your	ng account, a vo	ided check mu	ust be attached for routing and	
	9-digit routing/transit number		per		your check number)	
AUTHORZING SIGNATURE I (participant) hereby authorize the to this systematic premium reimbursent of attorney. I understand that it is ulto TPA, and the Montana VEBA HRAF going statements are true and correct This paragraph applies only if you can for my insurance premiums to the fir vokes all prior payment direction not from me or my power of attorney. Required documentation attached	nent authorization will remain in imately my responsibility to notice and harmless for any damages of and the premium amount substantial institution designated abifications. I understand this authorized in the premium amount substantial institution designated abifications. I understand this authorized in the premium and the premium and the premium and the premium authorized in th	n effect until my account ify the TPA if my premius that may occur from fo omitted is the accurate a reby authorize and requone. This authorization	is depleted or car im amount change llowing the instruc- amount of my cost lest the TPA to ele is not an assignm	ncelled by writtes. I hereby ag tions on this for of qualified in ectronically depend of my righ	ten notice from me or my power gree to hold my employer, the orm. I hereby certify that the foresurance premiums. posit a monthly reimbursement to to receive payment and re-	
X						
Participant Signature				Date		

IMPORTANT REMINDERS

- 1. Approximately three (3) months before your account is expected to run out, any portion of your remaining account balance not already allocated to your plan's default investment fund will be transferred to protect your account against losses in case significant negative market changes occur. Notification will be sent to you.
- 2. Don't forget to attach the required documentation as described in section 2 on reverse.
- 3. When your premium amount(s) change, it is your responsibility to notify the third-party administrator (TPA) to adjust your systematic premium reimbursement amount.
- 4. Please use your participant account number or Social Security number when communicating with the TPA.
- 5. Be sure to notify the TPA if your mailing address changes.
- 6. Long-term care premium reimbursements must be for tax-qualified long-term care coverage and are subject to annual IRS limits.

Questions? Contact the third-party administrator, Rehn & Associates, at montana@rehnonline.com or 1-800-832-2101