

VEBA PETITION

We, the undersigned, hereby request the _____ (Employer)
to allow the _____ to
(department, county, incorporated city or town, school district or unit of the university system)

conduct an election to consider the adoption of the Montana VEBA HRA Plan.
We also certify that we reside in the

_____, which is
(department, county, incorporated city or town, school district or unit of the university system)

comprised of 25% of the _____
(department, county, incorporated city or town, school district or unit of the university system)

NAME: _____ SIGNATURE: _____

DATE: _____ POSITION NUMBER: _____

NAME: _____ SIGNATURE: _____

DATE: _____ POSITION NUMBER: _____

NAME: _____ SIGNATURE: _____

DATE: _____ POSITION NUMBER: _____

NAME: _____ SIGNATURE: _____

DATE: _____ POSITION NUMBER: _____