

# Systematic Payment Form

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



## Montana VEBA HRA Third-party Administrator (TPA)

REHN & ASSOCIATES | PO Box 5433 | Spokane, WA 99205-0433 | Phone: 1-800-832-2101 | Fax: (509) 535-7883 | E-mail: montana@rehnonline.com

### 1. PARTICIPANT INFORMATION

I am:  Retired/Separated from service  Actively employed

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Participant Account No. or SSN \_\_\_\_\_

Are you eligible for Medicare?  No  Yes If yes, please provide your HICN No. \_\_\_\_\_

E-mail Address (home or personal recommended) \_\_\_\_\_  Check here if new e-mail address (\_\_\_\_\_) \_\_\_\_\_ -  
Area Code and Phone Number

Mailing Address \_\_\_\_\_  Check here if new address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. SYSTEMATIC PAYMENT/REIMBURSEMENT INSTRUCTIONS

You must attach documentation which includes the following: (1) name(s) of covered individual(s); (2) premium amount(s); (3) policy period; and (4) insurance provider name and address. This information is typically contained on your premium billing notice. **NOTE:** Premiums paid by an employer, or premiums that are or could be deducted pre-tax through a section 125 cafeteria plan, are not eligible for reimbursement.

This is a [check one]:  New reimbursement  Change to existing reimbursement

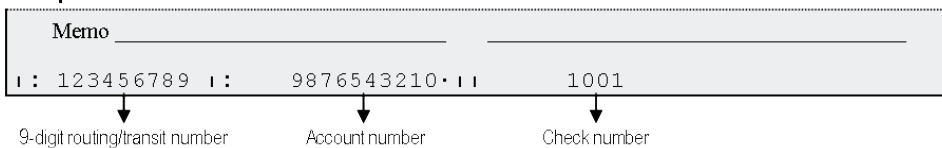
1. Make payment/reimbursement payable to: \_\_\_\_\_
2. Amount of payment: \$ \_\_\_\_\_ Payment Frequency:  Monthly  Quarterly  Annually
3. Mail payment to (address): \_\_\_\_\_  
Street Name or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Date first payment should be received: \_\_\_\_\_ Effective date of insurance coverage or change: \_\_\_\_\_
5. Is policy in your name?  Yes  No If premium is for a policy that is not in your name (such as your spouse's), please list his/her name, SSN, or policy number:  
Name: \_\_\_\_\_ Policy No. or SSN: \_\_\_\_\_

### 3. DIRECT DEPOSIT ENROLLMENT (For reimbursements only)

Complete this section only if your premium payments are being deducted from your pension check or if you are paying them yourself and are requesting reimbursement via direct deposit. For direct deposit to a **checking account**, a voided check must be attached for routing and account number verification. For direct deposit to a **savings account**, please contact your financial institution for routing and account number verification if a voided check is not available.

Account type [check one]:  Checking account  Savings account  
Name of financial institution (bank or credit union) \_\_\_\_\_  
9-digit routing/transit number (see sample check below) \_\_\_\_\_ Account number (do not include your check number) \_\_\_\_\_

#### Sample check



### 4. AUTHORIZING SIGNATURE

I (participant) hereby authorize the third-party administrator (TPA) to disburse funds from my Montana VEBA HRA account(s) as provided for in this form. I understand that it is ultimately my responsibility to notify the TPA if my premium amount(s) changes, and to make arrangements for continuing my premium payments when my Montana VEBA HRA account is depleted. I hereby agree to hold the State of Montana and the TPA harmless for any damages that may occur from following the instructions on this form. I hereby certify that the foregoing statements are true and correct and the premium amount submitted is the accurate amount of my cost of qualified insurance premiums.

This paragraph applies only if you completed Section 3 above: I hereby authorize and request the TPA to electronically deposit a monthly reimbursement for my insurance premiums to the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications. This authorization will remain in effect until my account is depleted or cancelled by written notice from me or my power of attorney.

Required documentation attached?  Yes  No

X \_\_\_\_\_  
Participant Signature Date

## FOR QUALIFIED PEBB RETIREE INSURANCE PREMIUMS

You may choose one of two payment methods to pay your retiree insurance premium(s) using your Montana VEBA HRA account.

### **PAYMENT OPTIONS** (*Option 1 is recommended. See "Important Note" below.*)

#### **Option #1 (Just complete these 2 simple steps):**

Step 1. Make arrangements to pay your retiree insurance premium payments on your own behalf. If you become a participant in the Montana State Employee Group Benefits Plan you may make payments by:

- a. automatic deduction from MPERA benefits;
- b. monthly self-payments by check; or
- c. by electronic premium deduction from your checking or savings account.

You would choose one of these options on the Retiree Election form. Note, if you repay premiums from your final paycheck on a pre-tax basis, you may not also be reimbursed from the Montana VEBA HRA for the same monthly prepaid premiums.

Step 2. Notify the Montana VEBA HRA Third-party Administrator (TPA) to reimburse you for an equal amount and send the reimbursement directly to you or to your designated bank account by completing a "Montana VEBA HRA Systematic Payment Form" (the front of this form) and send the original to the following address:

Montana VEBA HRA Third-party Administrator  
REHN & ASSOCIATES  
P.O. Box 5433  
Spokane, Washington 99205-0433

#### **Option #2:**

Step 1. Request the Montana VEBA HRA TPA pay your insurance premium directly to your insurance provider (including the Montana State Employee Group Benefits Plan, if you are a participant in their Plan) for your insurance coverage(s) by completing a "Montana VEBA HRA Systematic Payment Form" (the front of this form), and then send the original to the following address:

Montana VEBA HRA Third-party Administrator  
REHN & ASSOCIATES  
P.O. Box 5433  
Spokane, Washington 99205-0433

## IMPORTANT REMINDERS

If you select Option 1 above, you will not need to make new arrangements for your premium payment(s) when your Montana VEBA HRA account runs out. If you select Option 2, you will need to contact your insurance administrator to determine the proper method to make premium payments when your Montana VEBA HRA account runs out.

***When you have a change in premium, it is your responsibility to notify the TPA to have your payment/reimbursement adjusted. Please use your Montana VEBA HRA account number or social security number whenever communicating with the TPA and be sure to notify the TPA of any address changes.***

### **FOR MORE INFORMATION**

Contact the TPA at 1-800-VEBA101 (832-2101) or [montana@rehnonline.com](mailto:montana@rehnonline.com).

**[www.rehnonline.com](http://www.rehnonline.com)**