

If your systematic payment is for your PEBB retiree insurance premium (administered by the Health Care Authority), read the instructions on the reverse side of this page before completing this form.



SYSTEMATIC PAYMENT FORM

Please print legibly and complete the appropriate sections. Sections 1, 2 and 4 must be completed. Complete Section 3 only if you are requesting a direct deposit reimbursement.

SECTION 1 - PARTICIPANT INFORMATION

CHECK ONE: New Payment Change Existing Payment

Participant Name: _____ VEBA Acct. No. or Soc. Sec. No. _____

Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

Does your spouse have a VEBA account? Yes No If yes, please provide spouse's Soc. Sec. No. _____ - _____

SECTION 2 - PAYMENT / REIMBURSEMENT INSTRUCTIONS

1. Make payment/reimbursement payable to: _____

2. Amount of payment: \$ _____ Payment Frequency: Monthly Quarterly Annually

3. Mail payment to (address): _____
Street 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, social security number and policy number.

Name Soc. Sec. No. Policy No.

Premiums paid by an employer or through a pre-tax Section 125 Cafeteria Plan are not eligible for reimbursement. If you are requesting reimbursement of long-term care premiums, you must attach verification of the premium amount and that the policy is tax-qualified. Long-term care premium reimbursements are also subject to annual IRS limits.

SECTION 3 - REQUEST FOR DIRECT DEPOSIT (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 you are requesting a reimbursement via direct deposit for these premiums.

Name of Financial Institution: _____
(Bank or Credit Union)

Bank or Credit Union Phone Number: (____) _____ Account Type: Checking Savings

Account Number: _____ Routing Number: _____

A voided check must be included for direct deposit. (Deposit slips are not acceptable.) If a voided check is not available, please contact your bank or credit union for your account number and routing number.

SECTION 4 - AUTHORIZATION & SIGNATURE

I (participant) hereby authorize the VEBA Plan Administrator to disburse funds from my VEBA account(s) as provided for in this form. I understand that it is ultimately my responsibility to notify the VEBA Plan Administrator if my premium amount(s) changes, and to make arrangements for continuing my premium payments when my VEBA account is depleted. I hereby agree to hold my employer, the VEBA Plan Administrator, and the VEBA Trustees and Sponsors 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 only applies if you completed Section 3 above. I hereby authorize and request the VEBA Plan Administrator 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 with the VEBA Trust until cancelled by written notice from me or my power of attorney.

Participant's Signature: _____ Date: _____

White - Mail to: VEBA Plan Administrator
c/o REHN & Associates
P.O. Box 5433
Spokane, WA 99205-0433

Canary - Participant

www.veba.org

Questions? Call: VEBA Plan Administrator
1-800-VEBA101 (832-2101) or
(509) 534-0600
Fax: (509) 535-7883
Email: veba@rehnonline.com

VEBA INFORMATION FOR PEBB RETIREE INSURANCE PREMIUMS

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

PAYMENT OPTIONS (Option 1 is recommended. See “Important Note” below.)

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

- Step 1. Authorize the Department of Retirement Systems to deduct your Public Employees Benefits Board (PEBB) insurance premium(s) from your pension. This authorization is made on the PEBB Retiree Insurance Enrollment Form or you may mail written authorization to the Washington State Health Care Authority — PEBB at: P.O. Box 42684, Olympia, WA 98504-2684.
- Step 2. Notify VEBA to reimburse you for an equal amount and send the reimbursement directly to you or to your designated bank account by completing a “VEBA Systematic Payment Form” (the front of this form) and sending the original to the following address:

VEBA Plan Administrator
P.O. Box 5433
Spokane, Washington 99205-0433

Option #2:

1. Notify VEBA to pay your PEBB insurance premiums directly to the Health Care Authority for your insurance coverage(s) by completing a “VEBA Systematic Payment Form” (the front of this form), include the Health Care Authority address in Section 2, and send the original to the following address:

VEBA Plan Administrator
P.O. Box 5433
Spokane, Washington 99205-0433

IMPORTANT NOTE

If you select Option 1 above, you will *not* need to make new arrangements for your premium payment(s) when your VEBA account runs out. If you select Option 2, you will need to contact the Health Care Authority to make premium payments when your VEBA account runs out.

Currently, PEBB premiums are due the 15th of each month for the month coverage applies. For instance, premiums for coverage for the month of October are due October 15th. The VEBA Plan Administrator will mail your premium to the Health Care Authority on approximately the 10th of each month.

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

FOR MORE INFORMATION

Contact the VEBA Plan Administrator at 1-800-VEBA101 (832-2101) or the VEBA Service Group, LLC in Western Washington at 1-800-422-4023 or in Eastern Washington at 1-800-888-VEBA (8322).