SelectAccount℠

Minnesota Service Cooperatives VEBA Program

CONTRIBUTION FORM

EMPLOYER NAME:		
SERVICE COOPERATIVE:		SelectAccount GROUP #:
NAME OF PERSON SUBMITTING CONTRIBUTION FORM:		PHONE NUMBER:
CHECK AMOUNT:	CHECK DATE:	CHECK #:

CONTRIBUTION DETAIL

Page ___ of ___

Checks should be made payable to:
SelectAccount – VEBA

NAME	SOCIAL SECURITY NUMBER	AMOUNT	STATUS (ACTIVE OR RETIREE)
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	- -		☐ ACTIVE ☐ RETIREE
	TOTAL:		

P.O. Box 64193 • St. Paul, MN 55164-0193
Service Co-op Group Leader Line 1-888-460-4014
Fax 651-662-7247 / 1-866-231-0214