

Toledo Electrical Benefit Plans

Mileage Reimbursement

To obtain reimbursement for mileage, attach the following information to your VEBA claim form:

- ✦ Date of Service
- ✦ Patient Name
- ✦ Round-trip mileage
- ✦ Name of the doctor, pharmacy or medical facility
- ✦ Documentation of services rendered from doctor, pharmacy or medical facility

You can submit an Explanation of Benefits, a copy of the claim from the provider's office/facility or a printout from your pharmacy showing dates of services, services rendered, provider's name, and patient's name to verify eligibility for this expense.

If your departure and ending location are from two different addresses, you must supply detailed location information (Please keep in mind that mileage can be denied if found to be an unnecessary (trip) excess of mileage):

Example:

ABC Electrical (work) 123 Main St., Anywhere, OH to Pharmacy (Rite Aid, address, city, State (3 miles one way) Pharmacy to Home, address on file at H&W (10 miles one way) = 13 miles Round Trip

Submit this information on a VEBA claim form or you may print up your own spreadsheet with all the detailed information. We still need a signed SFBF/VEBA claim form regardless if you use your own spreadsheet. Mark the SFBF/VEBA claim form with "please see the attached".

The IRS updates the mileage amount every year. Amounts could change, so please do not put all amounts into one grand total. All mileage must be broke down and itemized by date of service.

TEWF
P.O. Box 60408
Rossford, OH 43460
419.666.4450 phone
419.666.5410 fax
www.electricalfunds.org