

SFBF/VEBA FUND & WWW.ELECTRICALFUNDS.ORG WEBSITE

The information on this document will help you locate your SFBF/VEBA statement and claims history on the Health & Welfare website for IBEW Local 8.

For individual participant online access, you must have a username and password. This information can be received by calling the Funds office.

Log onto <u>www.electricalfunds.org</u> and click on:



If you have logged on successfully you will see your name and menu options below. To get back to this Main Menu, click on Main Menu.



You will see the below table. This will show your claims by date of service. Click on the Header "Last Paid Date" and this will show the most current paid claims. As an example for the first claim in the table with the service date of 5/13/2013 was paid on 8/07/2015. Click on "View EOB" and you will see the Explanation of Benefits. If you click on the Claim number you will view the payment information for that claim. This is beneficial if there was more than one payment on a claim.

SFBF/VEBA Claim and Payment History

This information is based on current data as of 10/13/2015 14:58 PM and subject to change.

Click on a claim number to view associated payments, and View EOB to view explanation of benefits.

Service Date	Claim Nu	mber	Charges	Denied	Pending	Amount Paid	Status	Last Paid Date ;	# Payments
05/13/2013	View EOB	<u>476382</u>	34.35	0.00	0.00	34.35	CLOSED	08/07/2015	2
04/18/2013	View EOB	<u>476383</u>	10.00	0.00	0.00	10.00	CLOSED	08/07/2015	1
06/21/2013	View EOB	<u>476384</u>	23.13	0.00	0.00	23.13	CLOSED	08/07/2015	1
05/29/2013	View EOB	<u>476385</u>	10.00	0.00	0.00	10.00	CLOSED	08/07/2015	1

	* E X P L	ANAT	ΙΟΝ Ο	F	BENEF	ITS*	
MEMBER: MEMB PATIENT: PATIE					SS	ATE: 10/13, 8 #: XXX-XX- 1 #: 47	- XXXX
MAIL TO: MEMH ADDR CITY,		DE					
CHECK #: 00009	9999999 CHE	CK DATE:	8/07/20	15	TOTAL CHEC	K AMOUNT:	\$***160.00
FROM	THRU RE(QUESTED	PENDED		PAID	DENIED PAY	YABLE # EXCL
5/13/2013 5 BENEFIT CODE:							151665
VEBA Bala	nce: Type 1	r.	\$.00	Тур	e II	\$.00	
PRV.YEAR BALANCE D	YTD DEPOSITS	YTD CLAIMS	YT PAI	D D	YTD AVAILABLE	YTD DENIED	YTD PENDING
.00	1692.13	5389.21	1692.1	3	.00	263.04	4434.04

Check # = 999999999 is a Direct Deposit

Check Date = Date Processed

Total Check Amount = Total Deposit for Check Date

From and Thru = Date of Service

Paid = Amount Reimbursed for that date of service

H&W # = Claim number that is on your Medical/Dental Claim Explanation of Benefits that you receive from TEWF Benefit Office

Pick Dates and then click on the Continue box. Your Pended claims will always show current as of the current date you are viewing the statement; no matter what date span you choose.

	Pick da	ates					- 1	
Ye	ou are currently	logged in as M	lember's Na	ame Clic	k here to log out.			
	 30 days 90 days 365 day All avail from: Contin 	s able] to:		(mm/	dd/yyyy)	
_								
			lemental F	OCTOBER 20 ringe Bene VEBA	15 STATEMENT fit Fund			
Address								
Address	ate Zip Code	eginning Cont Ending Cont Pended Claims	tribution tribution as of To	Bal: Bal: day: \$4	\$0.00 \$0.00 434.04			
ork lonth	ate Zip Code	Month of Activity	Check Number	Check Amount	Life Ins. Deductions	Deductions	Balanc	e
Address City, Sta	ate Zip Code P Contribs Received	Month of Activity	Check Number	Check Amount	Life Ins. Deductions	Deductions	Balanc	e
Address City, Sta ork onth /2015	Contribs Received 160.00 .00 .00	Month of Activity Jul-2015 Aug-2015 Sep-2015	Check Number 99999999	Check Amount .00 160.00 .00 .00	Life Ins. Deductions .00 .00 .00 .00	Deductions	Balanco .00 1 .00 .00	e 60.00 .00 .00
Address City, Sta ork onth /2015 f you h	Contribs Received 160.00 .00 .00	Month of Activity Jul-2015 Aug-2015 Sep-2015 Oct-2015	Check Number 99999999	Check Amount .00 160.00 .00 .00	Life Ins. Deductions .00 .00 .00 .00	Deductions	Balanco .00 1 .00 .00	e 60.00 .00 .00
Address City, Sta ork onth /2015 f you P	Contribs Received 160.00 .00 .00 .00	Month of Activity Jul-2015 Aug-2015 Sep-2015 Oct-2015	Check Number 99999999	Check Amount .00 160.00 .00 .00	Life Ins. Deductions .00 .00 .00 .00	Deductions	Balanco .00 1 .00 .00	e 60.00 .00 .00

Work Month = Benefit reporting period

Contributions Received = What has been contributed into the SFBF/VEBA Fund by your contractor

Month of Activity = Month of posting