

# Self-Payment Authorization Form Request for SFBF/VEBA Deduction

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Member's Name: \_\_\_\_\_  
(Please Print)

SSN # or UID: \_\_\_\_\_

## Instructions:

By completing the following form, you will be authorizing the Toledo Electrical Welfare Fund to automatically deduct from your VEBA/SFBF, your self-payment(s) to keep you current with your eligibility through Health and Welfare. These payments will continue on a monthly basis as long as you owe a self payment. If you do not have enough money in your SFBF/VEBA to satisfy this self payment, you will be invoiced.

Please check the box that applies:

- I hereby request the use of my SFBF/VEBA account to automatically satisfy my self-payment requirements to continue eligibility in the Plan. I must have a positive contribution balance in my VEBA/SFBF Fund to pay this self-pay. No partial payments. Balance must be equal to or exceed amount owed.
- I hereby request to be taken **OFF of the automatic** payment through my SFBF/VEBA for my self-payments.
- I hereby request a **ONE TIME ONLY** use of my SFBF/VEBA account to satisfy my self-payment requirement for the month of \_\_\_\_\_, 20\_\_\_\_. I must have a positive contribution balance in my VEBA/SFBF Fund to pay this self-pay. No partial payments. Balance must be equal to or exceed amount owed.

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Member's Signature

Date

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Toledo Electrical Welfare Fund  
P. O. Box 60408  
Rossford, Ohio 43460  
419.666.4450 phone 419.666.5410 fax