

Supplemental Fringe Benefit Fund (SFBF/VEBA)

The Supplemental Fringe Benefit Fund, or VEBA, allows you to obtain tax-free reimbursement for out-of-pocket health expenses. Expense covered under insurance plans must be submitted to all plans first before submitting to the SFBF/VEBA Fund for reimbursement.

To collect your contribution balance from your SFBF/VEBA Fund, you must turn in a completed SFBF/VEBA Claim Form and attach your eligible out-of-pocket medical expense to that form. You can fax or mail in your SFBF/VEBA Claim Form to the Funds Office. This information is located on the SFBF/VEBA Claim Form. Requested reimbursements are processed once a month. Cut-off for receiving SFBF/VEBA Claim Forms is the 15th of every month. Reimbursement deposits are uploaded on the 25th of the month and in your bank on the next business day.

Travelers must submit the Explanation of Benefits you get from your health insurance provider for medical and dental reimbursement. If your medical and dental is paid by the Toledo Electrical Welfare Fund, we have your explanation of benefits on file so you do not need to submit receipts for those out-of-pocket expenses. Credit card receipts and/or cancelled checks are not eligible receipts. Please note when filling out your SFBF/VEBA Claim form, the **Date of Service** is the day you see your provider or have services rendered not the day you pay your bill.

Quarterly statements are provided to participants to advise them of their Plan balance. If you are a traveler, please call our office to confirm we have an address for you on file or you can submit your information via email to VEBA@electricalfunds.org.

At our website: www.electricalfunds.org you can download SFBF/VEBA Claim Form, review plan information or view any updates regarding the SFBF/VEBA Fund.

Frequently Asked Questions: SFBF/VEBA

Can I take my balance and receive a check for it even though I do not have any out-of-pocket expenses, just take taxes out of it?

No, this is a tax free fund and follows rules established by the IRS. You must supply an eligible out-of-pocket expense in order to receive any money from this fund.

How do I get reimbursed for vision and prescription out of pocket expenses?

Submit a claim showing date of service, services rendered, patient's name, provider and how much you paid out of pocket. Generic receipts are not eligible for reimbursement. Claims must have all the above information. Attach all your receipts to a completed SFBF/VEBA Claim Form.

What is my VEBA balance?

You can call into the Funds Office during office hours and get your up-to-date balance at 419.666.4450.

What other things can we get reimbursed for besides medical and dental?

Prescriptions, Vision, Dependent Care, educational assistance for the member only and long term care insurance premiums. If you have a question if something is an eligible expense, please call the Funds Office.

When will checks go out?

Reimbursement is by direct deposit only. A Direct Deposit Enrollment Form must be filled out and returned to the Funds office with a VOIDED check or a letter from your banking institution showing the routing number and your account number. Cut-off for receiving SFBF/VEBA Claim Forms is the 15th of every month. Reimbursement deposits are uploaded on the 25th of the month and in your bank on the next business day.

I am a traveler. Can I have this money transferred back to my home local?

No.

Is there a deadline to submit claims for reimbursement?

You have 60 days from the end of the calendar year to submit for dates of service from the previous calendar year. All claims from the previous year need to be in the office by February 28/29th.