

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

**Waiver of Self Pay**  
**Active Member**

I hereby waive medical and prescription drug coverage under the Toledo Electrical Welfare Fund for myself and/or my family member.

**Affirmation of Alternate Coverage**

I affirm that I and/or my spouse and any dependents, have core medical coverage under another employer's plan (e.g., a health plan provided by a spouse's employer). The alternate coverage is provided through:

Relative Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Employer: \_\_\_\_\_

Plan Carrier / Administrator: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I understand that if I reinstate in the Plan with the required work hours, Toledo Electrical Welfare Fund will become my primary medical coverage.

Member Signature:

Date:

**TOLEDO ELECTRICAL WELFARE FUND**  
**Waiver of Self-Pay Participation for Active Members**  
**Frequency Asked Questions**

When a member loses eligibility in the Health Plan and is eligible to make a self-pay to continue health coverage, other health insurance maybe available, such as through a spouse's employer.

The waiver of self-pay participation allows a member to accrue continuous service in the Plan, and not make a self-pay, by going into an alternate insurance.

**FAQ**

**Q** – What happens if my spouse loses his/her health insurance?

**A** – You will be able to rejoin the Toledo Electrical Welfare Fund under the self-pay rules.

**Q** – Why do the Trustees allow this program?

**A** – To save the member a self-pay, should coverage be available elsewhere.

**Q** – Will the Fund pick up out of pocket expenses from the other coverage?

**A** – No. However, any out of pocket expenses are eligible expenses from the Supplemental Fringe Benefit Fund/VEBA.

**Q** – If I lose my alternate coverage and come back into the TEWF, do I start from the beginning of the self-pay period?

**A** – Once coverage is lost due to a reduction in work hours, all extensions of coverage will run simultaneously. For example, if you opt-out to save on self-pays for six (6) months, and then lose the other coverage, you will have 14 of the 20 months allowed for self-pays left.