

Toledo Electrical Welfare Fund

**Supplemental Fringe Benefit Fund
Summary Plan Description**

Updated: January 2020

SFBF/VEBA Effective: April, 1998

Supplemental Fringe Benefit Fund

Introduction

The Collective Bargaining Agreement (CBA) contains a provision that a negotiated amount will be deposited into the Supplemental Fringe Benefit Fund in an account for your use. Please refer to your CBA for information about your benefit and the negotiated amount.

The Supplemental Fringe Benefit Fund allows you to obtain, TAX-FREE, reimbursement for out-of-pocket health expenses and self-payments.

This plan will save you money because of preferential tax treatment. To keep the tax advantages in the Supplemental Fringe Benefit Fund, the Internal Revenue Service (IRS) requires that certain rules must be followed.

The booklet describes the rules and how to use the Plan.

This booklet is provided to you as part of the Summary Plan Description of your benefits with the Toledo Electrical Welfare Fund. Refer to the Toledo Electrical Welfare Fund Summary Plan Description for information regarding appeals, eligibility, etc.

The purpose of this booklet is for you to understand this program and how to use it. As with all benefits, the Board of Trustees reserves the right to expand, modify, amend, or discontinue all or part of the Plan, whenever, in their judgment, conditions warrant. The Board of Trustees will resolve any disputes, questions, or interpretations concerning this program.

This booklet is available on our website: www.electricalfunds.org.

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How This Plan Saves You Money

This Plan is designed to put extra money in your pocket. By using your Supplemental Fringe Benefit Fund (SFBF) account to pay for out-of-pocket medical, vision, dental, prescription, and self-payments, the “extra” money comes from income taxes you will not have to pay.

Before the SFBF, you paid for out-of-pocket health care expenses and/or self-payments with “after tax” dollars. In other words, you paid income taxes, and then paid for out-of-pocket health care/self-payments with your take-home pay.

Example: A member has accumulated \$2,000 in his/her SFBF account. The full \$2,000 can be used, tax-free, to pay health expenses and/or self-payments.

	Before SFBF	With SFBF
Gross Pay / Account Balance from employer contributions	\$2,000 – take-home pay	\$2,000 – acct balance
Minus taxes (estimated at 30%)	<u>(\$600)</u>	<u>\$0.00</u>
Useable Balance	\$1,400	\$2,000
Dollars needed for \$2,000 in expenses	\$2,600	\$2,000
Money Saved	<u>\$0</u>	<u>\$600</u>

The Administrative Manager reserves the right to interpret the provisions of the Plan and exercise the broadest possible discretion in doing so. Determinations made by the administrative manager are made in a non-discriminatory and uniform manner. In the event questions arise about the interpretation of issues in this handbook, the legal plan documents would be referred to and reviewed. The plan documents always take precedence over any statements made in this handbook.

Out-of-Pocket Health and Self Payment Expense Reimbursement

The Supplemental Fringe Benefit Fund allows you to receive **tax-free** reimbursement for out-of-pocket health care expenses you incur; you can use the full account balance for expenses with no money “lost” to pay taxes. Before the Supplemental Fringe Benefit Fund, you paid for health care expenses with “after tax” dollars.

This section explains how to obtain reimbursement for out of pocket health expenses and self-payments on a **tax preferred** basis.

Eligible Out-of-Pocket Health Expenses

Most medical, dental, drug and vision expenses are eligible for reimbursement, including

- Deductibles
- Co-insurance amounts
- Co-pays not covered by the Fund due to plan design and on prescription drugs
- Amounts over reasonable and customary payments
- Vision expenses not covered by Vision Service Plan (VSP)
- Most other expenses resulting from a *diagnosis* that created a health care expense
- Any mileage driven or transportation costs incurred in the pursuit of any of the above (see Section 5 – “Mileage”)

In other words, with some exceptions, if a doctor prescribes something, it is eligible.

Expenses not resulting from a diagnosis are not eligible for reimbursement. Examples would be cosmetic surgery, health clubs and non-prescription sunglasses.

Example 1: Purchasing a wig. If you purchased the wig to look good, it is not eligible for reimbursement. However, if you lost your hair due to a disease, or due to chemotherapy treatment, the wig is eligible for reimbursement.

Expenses paid for by the Fund, other insurance (such as your spouse’s insurance), or your spouse’s medical spending account (a plan like this one) are not eligible for reimbursement. The IRS does not allow “double-dipping” – getting reimbursed for the same expense twice.

Example 2: You have a \$3,500 orthodontist bill. The Fund’s dental plan covers it up to \$2,500. Your spouse’s plan pays \$500. The balance of \$500 is eligible for reimbursement under this plan.

Also, over-the-counter drugs are not eligible for reimbursement unless the drug is prescribed by a physician (Effective January 1, 2011). A list of eligible and non-eligible expenses is included at the end of this booklet.

Other Requirements for Out-of-Pocket Health Expenses

- The expense must be incurred on or after the later of the effective date of the plan or your effective date as a participant in the SFBF.

PLEASE NOTE: Certain expenses (dependent care, supplemental life insurance, long-term care insurance, and member educational expenses) can only be paid with money contributed to the plan on or after October 2004.

- Eligible expenses will only be reimbursed up to your contribution balance you have in your Supplemental Fringe Benefit Fund account.
- A claim form must be completed and signed.
- For expenses not covered by insurance (deductibles, amounts over reasonable and customary, etc.), you must attach the Explanation of Benefits you receive from the insurance carrier.
- Expenses not filed with insurance (eligible over-the-counter drugs, for example) must be accompanied by a bill or receipt that has an explanation of the expense.
- If the expense is eligible under another program, such as your spouse's insurance, you must file a claim with the other insurance before you can request reimbursement from the SFBF. You will need the other insurance Explanation of Benefits to be reimbursed under this plan.

Self- Payments

- Self-Payments are eligible and can be made tax free, from your Supplemental Fringe Benefit Fund account.
- Use the Self-Payment Authorization Form to request automatic VEBA deduction or to STOP automatic VEBA deductions. Sign the form and send to the Fund office.
- Self-Payments can only be made up to the amount you have accumulated in your Supplemental Fringe Benefit Fund account. You cannot make a partial payment through your SFBF/VEBA Fund.

Surviving Spouse/Dependent Benefits

The Supplemental Fringe Benefit Fund does have a provision that allows the surviving spouse and/or surviving dependents to access the remaining SFBF account balance of a member who has died.

In the event of the member's death, the surviving spouse or dependents can continue to use the Supplemental Fringe Benefit Fund in the following ways:

- To be reimbursed for eligible medical and prescription drug expenses
- To be reimbursed for eligible dental expenses
- To be reimbursed for eligible vision expenses
- To pay for continued eligibility in the Toledo Electrical Welfare Fund as a Surviving Spouse and/or Surviving Dependents

Funeral Expenses are not eligible for reimbursement. Also, the surviving spouse and/or surviving dependents cannot receive the value of an SFBF account as a lump sum.

Should the surviving spouse or dependents die, any amounts left in the Supplemental Fringe Benefit Fund will be forfeited. In other words, if there is no one left in the immediate family, any amounts left are forfeited.

PLEASE NOTE: Benefits are made available by the Board of Trustees as a privilege, not as a right. No person acquires a vested right to any benefits, either before or after meeting the requirements for initial eligibility of benefits. The Trustees may expand, reduce or cancel coverage, change eligibility requirements or the amount of self-payments, and/or exercise their prudent discretion at any time. These actions may be done without legal right or recourse by an eligible employee or any other person.

Filing SFBF / VEBA Claims

To obtain benefits from the Supplemental Fringe Benefit Fund, you can either (1) submit a Claim Form each time you have an eligible expense; or (2) Sign up for Automatic Reimbursement. Please note that under either circumstance, reimbursements are limited to your contribution balance and are processed twice per month by direct deposit on the 10th for automatic reimbursement and on the 25th for requested reimbursement. Deposits will then be in banks on the next business day. Also, the Automatic Reimbursement program only applies to medical expenses and dental expenses for Local 8 members.

Completing a Claim Form

Claim Forms are available at the Fund Office or on the Fund's website at www.electricalfunds.org. You must submit a new claim form each time you request a reimbursement from your Supplemental Fringe Benefit Fund account. To obtain reimbursement using the Claim Form, please specify the following:

- The date the expense was incurred (i.e., date of your doctor's visit);
- Name of the person who had the expense (i.e., you, spouse, dependents);
- Miles driven or cost of transportation to and from the source of the expense (See Section 5 – "Mileage");
- Include documentation establishing the expense (i.e., Explanation of Benefits, bills, receipts, etc.)
- Total expense minus amounts paid by other plans.

"Amounts paid by other plans" means any reimburse you received from the Toledo Electrical Welfare Fund or any other insurance plan (including spouse's insurance).

You have until 60 days after the end of the calendar year to file for expenses incurred during that calendar year. In other words, you have until the end of February to file for reimbursement for medical expenses incurred during the previous calendar year.

Signing Up for Automatic Reimbursement

You can elect to sign up for Automatic Reimbursement from the Supplemental Fringe Benefit Fund. Under this program, you will automatically be reimbursed for any out-of-pocket medical and dental expenses you or your dependents incur. For example, if you have a medical claim and the Fund applies a \$100 deductible that you must pay out-of-pocket; the Fund will automatically reimburse you the \$100 from your account. Please note that reimbursements are limited to the amount you have in your Supplemental Fringe Benefit

Fund account. Also, note that the Automatic Reimbursement program only applies to medical and dental expenses. You will still have to file for reimbursement for other out-of-pocket medical expenses (e.g., vision, prescription drugs, self-payments, mileage, etc.) using the Claim Form noted above.

Finally, you can always opt-out of the Automatic Reimbursement program at any time. If you elect to do so, you will only be reimbursed from your Supplement Fringe Benefit Fund account when you submit a Claim Form.

If you have a required Self-Payment due, this can be deducted from your SFBF/VEBA account automatically each month that you owe a Self-Payment. To sign up for this option, the *Self-Payment Authorization Form* is available at the Fund Office or on our website at www.electricalfunds.org.

Remember to sign and date your claim forms

Forms can be mailed to:

Toledo Electrical Welfare Fund

P. O. Box 60408

Rossford, OH 43460

419-666-4450 Phone

419-666-5410 Fax

veba@electricalfunds.org e-mail

Claim forms, additional copies of this booklet,
and other information are available on our website:

www.electricalfunds.org.

Out-of-Pocket Health Expenses: What's Eligible/What's Not

Following is a list of common expenses that may or may not be eligible for reimbursement under the Supplemental Fringe Benefit Fund. Remember that any expense that has already been reimbursed for by the Toledo Electrical Welfare Fund or any other insurance is not eligible.

Example 4: A prescription is covered by the Fund and your co-pay at the pharmacy was \$12.00. The \$12.00 is eligible for reimbursement. The cost of the prescription that was covered and paid for by the Fund is not eligible.

The list of eligible and ineligible expenses is arranged in alphabetical order.

Abortion	Legal abortion expenses are eligible
Acne Medicine	Eligible
Acupuncture	Eligible
Alcoholism	Expenses paid to a treatment center are eligible, including meals and lodging provided by the center during treatment
Ambulance	Eligible
Artificial	Eligible
Artificial Teeth	Eligible
Automobile	Expense for special hand controls and other special equipment for the use of person with a disability are eligible. The cost of operating a specially equipped automobile is not eligible. Qualified transportation costs are eligible – see “Mileage.”
Babysitting	Not eligible, though qualified dependent care is – see “Dependent Care”
Bandages	Not Eligible
Birth Control	Eligible if prescribed by a doctor

Braille Books and Magazines	Expenses for the cost of a Braille book and/or magazine are eligible <u>if</u> for use by a visually impaired person <u>and</u> only for the amount over a regular book or magazine
Chair	Costs for a special chair, with a letter from a doctor indicating medical necessity, are eligible
Childbirth Classes	Expenses for childbirth classes for the expectant mother are eligible. Expenses for the expectant father, or coach, are not eligible.
Chiropractor	Eligible
Christian Science Practitioners	Eligible
Co-insurance Amounts	Out-of-pocket amounts are eligible
Compression Socks/Hose	Eligible with a prescription or note of medical necessity
Contact Lenses	Expenses for contact lenses to correct vision, including contact lens solution, are eligible. Contact lens replacement insurance or contact lenses used for eye color only are not eligible expenses.
Co-pays	Out-of-pocket amounts are eligible
Cosmetic Surgery	Expenses for cosmetic surgery are eligible if the surgery is necessary to improve a deformity arising from, or related to, a congenital abnormality or injury, or a disfiguring disease. Expenses for cosmetic surgery solely to improve appearance are not eligible, including face lifts, hair transplants, and hair removal. Breast implants or reductions are not covered unless they are medically necessary.
Crutches	Eligible
Dance Lessons	Not eligible, even if recommended by a doctor.

Dependent Care	You can only use contributions after October 2004 for this expense. Eligible if meets the following criteria: <ul style="list-style-type: none"> • Dependent must be under 13 or physically/mentally incapable of caring for himself • Is provided to an accredited day care, which provides services and reports same as taxable income • Is not for informal care or friends/relatives watching kids
Deductibles	Eligible
Dental Expenses	Eligible
Diapers	Not eligible unless needed to relieve the effects of a particular disease
Diet	Special foods and beverages are eligible only if they are prescribed by a doctor and only to the extent that the cost exceeds the cost for a common version of the same product
Drugs	Eligible as long as legal and are prescribed by a doctor (including over the counter drugs).
Drug Addiction	Expenses paid to a treatment center for drug or alcohol abuse are eligible. This includes meals and lodging provided by the treatment center during treatment.
Ear Piercing	Not eligible
Educational Expenses	For members ONLY – not spouses or dependents – if work related (JATC expenses are eligible). You can only use contributions after October 2004 for this expense.
Electrolysis (Hair Removal)	Not eligible unless medically necessary to promote the proper use of a body part or to prevent or treat an illness or disease
Eyeglasses	Prescription eyeglasses and prescription sunglasses are eligible
Face Lifts	Not eligible unless medically necessary to promote the proper use of a body part, or to prevent or treat an illness or disease
False teeth	Eligible

Fitness Program	Not eligible unless medically necessary to promote the proper use of a body part, or treat a specific illness or disease
Food	Special foods and beverages are eligible only if they are prescribed by a doctor and only to the extent that the cost exceeds the cost for a common version of the same product
Funeral Expenses	Not eligible
Guide Dog (or other animal)	The cost of a guide dog or other animal used for the purpose of aiding someone visually impaired, hearing impaired, or physically disabled is eligible, including the costs of care and training. An animal for companionship, even if recommended by a doctor, is not eligible.
Hair Transplant Or Implants	Not eligible unless medically necessary to prevent or treat an illness or disease
Health Club Dues	See “Fitness Program”
Hearing Aids	Eligible, including batteries
Holistic Care	Eligible
Home Modification	Modification made to your home for a medical condition or disability are eligible. This includes, but is not limited to, ramps, handrails, bathroom modifications, spas and Jacuzzis. The improvement/modification is not eligible if it improves the value of your home.
Household Help	Not eligible, however, nursing services are eligible
Humidifier	Eligible with a prescription or note of medical necessity
Insurance	Insurance premiums not paid on a pre-tax basis are reimbursable, including amounts paid for your spouse’s health insurance
Laboratory Fees	Eligible if for medical care
Lead-based Paint Removal	Cost of removing lead based paint to prevent a child from eating the paint is eligible. The paint must be peeling or cracking and within the child’s reach. The cost to repaint is not eligible.

Learning Disabilities Tuition payments to a special school for a child with a severe learning disability are eligible. Tutoring fees are also eligible. The tutor must be trained and qualified to work with children that have learning disabilities. The special school or tutoring must be recommended by a doctor.

Legal Fees Only legal fees used to authorize treatment for mental illness are eligible.

Life Insurance Eligible if purchased on a voluntary basis from the Fund. You can purchase life insurance up to an additional \$40,000 in coverage with your SFBF. Contact the Fund office for more information.

Liposuction Not eligible unless medically necessary to promote the proper use of a body part or to prevent or treat an illness or disease

Lodging Cost of lodging at hospitals or similar settings is eligible if the patient is receiving medical care.

Lodging away from home not in a hospital or similar setting is eligible if the following four criteria are met:

- 1) Is essential to medical care
- 2) Medical care is provided by a doctor in a licensed hospital or facility
- 3) Lodging is not extravagant
- 4) There is no significant personal pleasure, recreation, or vacation involved

Lodging expenses cannot exceed \$50 per night per person. Lodging expenses are permitted for a person traveling with the patient. Lodging expenses include meals. If the above criteria are not met, expenses are not eligible even if a doctor recommended the trip.

Long Term Care Premiums Eligible up to certain limits for a qualified long-term care insurance policy. The limits depend on age. You can be reimbursed for the premiums for you and your spouse. Refer to IRS guidelines for the annual reimbursement schedule.

Massage Therapy Eligible

Maternity Clothes	Not eligible
Mileage	Mileage to and from a doctor's office, the pharmacy is eligible or any provider of an eligible expense. To receive reimbursement, write down the date of the trip, the miles traveled, and where you went on the claim form. Mileage reimbursement will be based upon annual IRS guidelines.
Nursing Home	Eligible
Nursing Services	Expenses for nursing services are eligible. Personal and household expenses are not eligible.
Optometrist	Eye exams, lenses and contacts to correct vision are eligible
Orthopedic Shoes	Eligible
Over-the-Counter Drugs	Eligible only if prescribed by a treating physician. Vitamins, toiletries, cosmetics, or mineral supplements are not covered. To receive reimbursement, turn in receipts with the items circled with a signed claim form. You must also submit proof that the medication is currently being prescribed by a treating physician.
Oxygen	Eligible
Photorefractive Keratotomy	Eligible
Physical Exam	Eligible
Plastic Sheets/ Pillow/Mattress Cover	Eligible for allergy treatment with a prescription or doctor's note
Pre-existing Conditions	Medical expenses not covered because of a pre-existing condition are eligible

Prescriptions	Eligible as long as legal and requires a doctor's prescription
Private Hospital Room	Eligible
Radial Keratotomy (RK)	Eligible
Reasonable & Customary (R&C)	Expenses paid for out of pocket in excess of reasonable and customary are eligible
Resorts	Not eligible even if recommended by a doctor
Retin-A	Eligible if prescribed by a doctor for acne. Not eligible if prescribed for wrinkles.
Rogaine	Not eligible if for cosmetic purposes only. Eligible if prescribed for a medical condition.
Self –Payments	Eligible
Sexual Counseling	Eligible if for sexual inadequacy, if the counseling is provided by a psychiatrist
Smoking Programs	Only eligible if attendance at a program is prescribed by a doctor to treat another medical condition (for example, emphysema)
Sterilization	Eligible
Substance Abuse	Expenses paid to a treatment center for drugs or alcohol abuse are eligible. This includes meals and lodging provided by the treatment center during treatment.
Telephone	Only expenses for equipment needed for a hearing-impaired person is eligible over the cost of regular phone equipment
Television	Only costs associated with equipment that displays subtitles for a hearing-impaired person is eligible
Transportation	Expenses associated with transportation essential for medical care are eligible. This includes bus, taxi, airplanes, train, automobile, and ambulance. Expenses include parking and tolls, or a flat mileage reimbursement amount based on annual IRS guidelines (2020 medical mileage reimbursement is 0.17 cents).

Expenses for visits to see a mentally ill dependent are eligible only if the visits are recommended as part of the treatment. The flat-rate mileage must be used.

Expenses not eligible include repairs and maintenance, travel to and from work (even if an unusual means of transportation is used due to a medical condition), transportation for non-medical reasons.

Trips	Trips to receive medical services are eligible. See “Transportation” and “Lodging.” A trip for change in climate, or improving morale or health is not eligible, even if recommended by a doctor.
Usual, Customary and Reasonable (UCR)	Expenses paid for out of pocket in excess of usual, customary and reasonable are eligible
Vacations	Not eligible, even if recommended by a doctor
Vaccines	Eligible
Vasectomy	Eligible, including reversal of vasectomy
Veterinary	Not eligible
Viagra	Eligible as long as prescribed by a doctor
Vision	Exams are eligible. Glasses, lenses, contact lenses are eligible if the purpose is to correct vision. Prescription sunglasses are eligible. Non- prescription reading glasses are eligible.
Vitamins	Only vitamins that are prescribed by a doctor to treat a medical condition are eligible. Over the counter vitamins are not eligible.
Weight Loss	Weight loss programs and pills are not eligible. However, only if weight loss program is prescribed by a doctor to treat a specific medical condition such as heart disease is the expense is eligible.
Wal-Mart	Prescriptions filled at Wal-Mart are only reimbursable through the SFBF
Wheelchair	Eligible, including motorized scooters.

IMPORTANT INFORMATION REGARDING DEPENDENT CARE RECEIPTS / CLAIM SUBMITTAL

When turning in dependent care receipts/invoice, they must have the following information on **all** receipts:

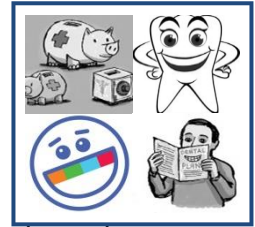
Provider's Name
Provider's Address and phone number
Tax Identification
Date of service
Amount Paid
Child's Name

All receipts must be legible. A maximum benefit of \$5,000 per year per family is allowed. Due to the maximum allowed benefit per year, please do not include a date span to include more than one year. List dates and amounts separately. Example: either daily, weekly, monthly or yearly).

Effective January 1, 2014, Dependent Care is eligible if it meets the following criteria:

- Dependent must be under 13 or physically/mentally incapable of caring for himself/herself.
- Is provided by an accredited day care (licensed by the State), which provides services and reports same as taxable income.
- Is not for informal care or friends/relatives watching kids.

We do not reimburse for dates of service in the future. Services must be rendered in order for reimbursement. No pre-payments will be processed.



Orthodontics and SFBF/VEBA Reimbursement

Orthodontia is defined as services, treatment and procedures used to correct malposed or misaligned teeth. These services can include braces, retainers and other orthodontic appliances. Your coverage through this plan is a lifetime maximum of \$2,500 per person. This benefit is for eligible dependents up to the age of 19.

In regards to your reimbursement through your SFBF/VEBA Fund, it works the same as your other dental out-of-pocket. You must receive an Explanation of Benefits (not a Pre-Determination or Estimated Benefit) from Delta Dental in order to request your patient portion through your SFBF/VEBA Fund.

How will orthodontic services be paid?

Delta Dental requires your dentist to submit an orthodontic treatment plan to us. When orthodontic treatment starts, we will pay a percentage of the total fee. We will continue to make payments based on the type of treatment (18 months for comprehensive, 10 months for interceptive and 8 months for limited) or until the lifetime orthodontic maximum is reached. Once the down payment is processed by Delta Dental, **the Monthly Fee will be processed quarterly**. Thus, reimbursements will be available quarterly. Regardless if you pay your portion in FULL to your provider, you will see reimbursements based on the below example until your orthodontia maximum is met.

Example:

Patient	Date of Service	Type	Billed	Insurance Pays 50%	Patient Portion is 50%	Eligible VEBA Reimbursement
John	1/1/2020	Down Payment	\$1,000	\$500	\$500	\$500
John	2/1/2020	Monthly Fee	\$200	\$100	\$100	
John	3/1/2020	Monthly Fee	\$200	\$100	\$100	
John	4/1/2020	Monthly Fee	\$200	\$100	\$100	\$300

Amount of orthodontia benefit used: \$800

Once you have reached your orthodontic maximum benefit amount, you must provide proof of payment for the remaining treatment plan in order to be reimbursed the balance of this expense.

If you have not seen an Explanation of Benefits from Delta Dental for services rendered, please contact your provider to see if they have submitted a claim to your insurance. If your Provider has submitted a claim, you may want to call your dental insurance provider, Delta Dental, to check on status of that claim.

Toledo Electrical Welfare Fund Supplemental Fringe Benefit Fund
Out of Pocket Health Expense
 419-666-4450 (office) 419-666-5410 (fax)

Name: Harry Sparks SSN /UID # xxx-xx-4567 or 123456
(last 4 of SSN or the 6-digit ID on your insurance card from H&W)

Instructions:

Fill in the necessary information below for health expenses incurred by you or your eligible dependents for which you request reimbursement. Expenses covered under other medical insurance plans must be submitted to those plans first for reimbursement. Then you must attach a copy of the Explanation of Benefits you receive from the other insurance carrier along with this request for reimbursement. Expenses Not Covered under any plans must be accompanied by a paid receipt with a full explanation of the expense. **ITEMIZE ALL RECEIPTS YOU ARE SUBMITTING. DO NOT TOTAL ALL RECEIPTS AND PUT ON ONE LINE. LIST EVERY RECEIPT INDIVIDUALLY.**

TEWF Members: Submit receipts with detail of purchase for vision and prescriptions. Medical and dental out-of-pocket is on file with the Fund Office, no need for receipts unless you have secondary insurance that is not with TEWF. If you have secondary insurance after your primary pays through TEWF, then you must submit your EOB from your secondary insurance. **Eligible health insurance premiums can only be included if the premiums were paid on an after-tax basis (i.e., not through a cafeteria plan).**

Type 1 Benefits		Type 2 Benefits (Effective on or after January 1, 2005)
Medical, Dental, Prescriptions, Vision, Over the counter medication, and mileage.		Dependent Care, Educational Assistance, Long Term Care Insurance Coverage, and Life Insurance Coverage
Date Incurred	Name of Individual Incurring Expense	Your Out-of-Pocket Expense
8/3/2019	Harry Sparks – Pharmacy Co-Pays	\$ 20.00
8/3/2019	Harry Sparks – Pharmacy, 12 miles r/t	\$ 2.04
		\$
		\$
TOTAL		\$ 22.04

By checking this box, I am requesting (a one-time only disbursement) any pended claim amount that would be available to me up to the amount of my contribution balance as of the date of this signed SFBF/VEBA Claim Form. This is an addition to any eligible receipts/out-of-pocket that you have requested on this form. If you are already on the automatic, this box does not apply to you.

All Contributions after 9/27/04 (October Work Month) are for Type 2 Benefits. I authorize the SFBF to transfer monies from Type 2 to Type 1, if needed, so that I can be reimbursed for Type 1 Benefits.

I hereby request payment from the Supplemental Fringe Benefit Fund for out of pocket health and/or eligible expenses indicated above. I certify that I will not claim these expenses as an income tax deduction and that the expenses comply with the requirement of The Plan. I also certify that I am not receiving reimbursement for the above requested out-of-pocket through any other fund or that the above is eligible to be processed or has been processed through a secondary insurance thus creating or could create a different patient portion.

Harry Sparks 8/4/2019

Signature **Date**

Appendix I: The Vension

The “Vension” Flex Pension/SFBBF refers to the choice which allows members to direct a portion of their wage package to EITHER their pension account or their VEBA account. Your collective bargaining agreement (CBA) details your options. However, regardless of your classification, those eligible for this fund will have a set amount contributed by their employer into their pension plan and their SFBBF (VEBA) fund. Below are the base amounts:

	<u>PENSION</u>	<u>SFBBF/VEBA</u>
Inside Journeyman	\$6.00 per hour	\$1.25 per hour
Teledata Journeyman	\$2.30 per hour	\$1.00 per hour
Residential Journeyman	\$2.90 per hour	\$0.45 cents per hour

Apprentice rates are based on percentages of the above. Please refer to your collective bargaining agreement (CBA).

The additional amount that each member can direct into either the pension account or their SFBBF/VEBA account (the “Vension” / Flex Pension/SFBBF) depends on the member’s classification chosen on their ***Change of Pension Benefit Classification Form*** during open enrollment **or** their ***Referral Form*** when taking a new job through the referral office at Local 8.

There will be an open enrollment period for the IBEW Local 8 Retirement Plan & Trust Flex Pension, SFBBF (VEBA), and 401k Plan every year. Eligible employees have the opportunity to change their pension and SFBBF/VEBA benefit. Keep in mind that employees are not permitted to request a change in their pension and SFBBF/VEBA benefit classification rate other than this annual specified time, unless referred to a new employer.

The Trustees may change the month of the annual open enrollment to accommodate industry needs. Please contact the Referral Hall at Local 8 for the date of the next open enrollment.