

Supplementary Fringe Benefit Fund - (SFBF/VEBA)

P.O. Box 60408, Rossford, OH 43460

This benefit is associated with IBEW Local 8

SFBF/VEBA Fund is an out of pocket medical reimbursement fund. In order to collect any money contributed to this Fund while working in Local 8 jurisdiction, you must submit an eligible out of pocket medical expense. **The below is information to help participants who are Travelers and/or those that do not have insurance through the TEWF Benefit Office.**

Can I transfer this money back to my home local? No. **Can I collect this money if I pay taxes on it?** No.

If I don't turn in any out of pocket expense this year, do I lose out on this money? No. Contributions will stay in this Fund for your use for future patient out of pocket expenses.

What is an eligible expense? Medical, dental, vision, prescriptions. The patient portion owed to your provider after insurance has paid their portion is what is reimbursable through this fund. You cannot submit dates of service prior to your first contribution into this Fund. You have 60 days after the end of a calendar year to submit for expenses for the previous year. Example: Dates of service 1/1/2022-12/31/2022 have a deadline of 3/1/2023.

What needs to be on my receipt?

1. Submit an explanation of benefits you have received from your insurance provider is an eligible receipt **OR,**
2. Submit a receipt that shows all of the following: Provider, date of service, patient's name, services rendered, amounts charged, amounts paid by insurance, patient portion.
3. If you have no insurance: specify termination date on eligible receipt (see #2 above). Example: "My Dental Insurance terminated on MM/DD/YYYY thru MM/DD/YYYY" attach with proof of payment. If it is a NON covered benefit through your plan, please submit your Denial EOB from your medical and/or dental insurance. We need to see the reason for denial of services rendered.
- 4.

What do I need to make a request for reimbursement?

1. A completed SFBF/VEBA Claim form.
2. An eligible receipt (see above)
3. A completed direct deposit enrollment form with documentation specified on form.

Can I forfeit my balance or give it to someone else?

No, you cannot give this money to anyone else. Yes, you can forfeit your contribution balance by written request to the Funds office. You must include date of forfeiture, social security number and full name and address on your written request.

Where can I get the forms I need? On our website at www.electricalfunds.org, call the Funds office at 419.666.4450, request via email to veba@electricalfunds.org.

How soon can I expect my reimbursement? Requested reimbursements are once a month. If we receive your eligible request by the 15th of the month, you will see a deposit in your bank on the next business day after the 25th. You cannot receive a deposit over your contribution balance. If you submit a claim for \$50.00 but your contribution balance is \$45.00, your deposit will be for \$45.00 leaving a pended claim balance of \$5.00. If you ever receive contributions in the future up to your pended claim balance, you will receive that pended claim balance of \$5.00 automatically on the next available deposit.

How do I know how much I have? Call the fund office at 419.666.4450. **NOTE:** We do not always have access to traveler's home address. If you are not a Local 8 member, please call, email or fax that information to the Funds office and you will receive a quarterly SFBF/VEBA Statement showing your current contribution balance.

Is there anything else I can get reimbursed for through this Fund? Log onto our website and view the SFBF/VEBA Summary Plan Description for more information on what is eligible for reimbursement.

Highlights

What I need to collect a reimbursement:

- SFBF/VEBA Main Claim Form – Completed with all requested information
- Eligible Out of Pocket Medical or Related Expense
- ACH Authorization / Direct Deposit Form – Completed with all requested documentation stated on that form (**Reimbursement is by DIRECT DEPOSIT ONLY**)
- Give us your address to receive Quarterly SFBF/VEBA Statements

You can contact us with questions, submit claim forms or submit your address at the below options:

- Email – veba@electricalfunds.org
- Phone – 419-666-4450
- Fax – 419-666-5410
- Address: TEWF, P.O. Box 60408, Rossford, OH 43460

You can get all forms and information relating to this benefit at:

- Website – www.electricalfunds.org
- Forms and Notices → VEBA-SFBF →

The screenshot shows the website for Toledo Electrical Benefit Plans. The navigation menu includes Home, Benefits, Forms & Notices (which is the active page), News, Links, Contact Us, and Login. The main content area is organized into a table with categories on the left and links on the right.

Category	Link
Pension	SFBF/VEBA Deadline for Claim Submittal
Health	ACH Authorization / Direct Deposit Form
	Automatic Reimbursement Election Form
VEBA-SFBF	Delta Dental Claim Reimbursement
	Delta Dental Orthodontia Reimbursement
VTL Insurance	Dependent Care Reimbursement Information
	Educational Tuition/Book Reimbursement – January 2014
Retirement	How to Navigate on Website for SFBF/VEBA
	Letter of Medical Necessity Guide
401(k)	Mileage Reimbursement Instructions – March 2013
	Mileage Rates for VEBA
Eligibility / Self-Payments	Over the Counter Notice – January 2011
	Prescription Notice – September 2012
	SFBF New Benefit – Type I & Type II – January 2005
	SFBF/VEBA Main Claim Form
	SFBF Claim Form (Writable)
	SFBF/VEBA Claim Form – Additional Page
	SFBF/VEBA Reimbursement Schedule – September 2016
	SFBF/VEBA Summary Plan Description – January 2014
VEBA Basic Information	