

Supplementary Fringe Benefit Fund - (SFBF/VEBA)

P.O. Box 60408, Rossford, OH 43460

This benefit is associated with IBEW Local 8

SFBF/VEBA (HRA) Fund is an out-of-pocket medical reimbursement fund. In order to collect any money contributed to this Fund, 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. The only way to receive contributions is to submit a claim form with an eligible out of pocket medical expense.

If I don't turn in any out of pocket expense this year, do I lose out on this money? No. Contributions roll over to the next year.

What is an eligible expense? Medical, dental, vision, prescriptions. The amount owed to your provider after insurance has paid their portion is what is reimbursable through this fund.

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.

How soon can I expect my reimbursement? Deposits are once a month. Deadline for claim form and eligible receipts must be in the office by 5 PM on the 15th and deposits are in your bank on the next business day **AFTER the 25th**.


What do I need to make a request for reimbursement?

1. A completed SFBF/VEBA Claim form.
2. Your Explanation of Benefits (EOB) from your insurance provider.
3. A completed direct deposit enrollment form with requested documentation. If you already have this on file you do not need to resubmit.

Dates of service from 1/1/2024-12/31/2024 have a deadline of 03/03/2025. We need to receive a completed claim form with your eligible 2024 receipts no later than 5 PM on Monday, March 3, 2025. We are no longer accepting any dates of service prior to 1/1/2024.

What information needs to be on my receipt?

Provider, Patients name, date of service, services rendered, amounts charged, amounts paid by your insurance. Below is an example of an EOB:

 Health Insurance Company Inc.		EXPLANATION OF BENEFITS THIS IS NOT A BILL							
Jane Smith 1234 Paved St. Nowhere, KS 66633		Subscriber Information Member ID: XYZ123456789 Group ID: 123456 Group Name: Kansas Company							
Patient Name: Jane Smith Place of Service: Outpatient Date Received: 01/01/2021		Claim Number: 01122334455Z Type of Service: Medical Date Processed: 02/01/2021		Provider: ER & Hospital Payment to: ER & Hospital					
					Patient Responsibility				
Date of Service	Total Charges	Other Insurance	Amount Paid	Notes	Non-covered Charges	Deductible	Co-insurance	Co-pay	Total Patient Responsibility
01/01/2021	\$\$\$	\$\$\$	\$\$\$		\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
01/01/2021	\$\$\$	\$\$\$	\$\$\$		\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
Claim Total	\$\$\$	\$\$\$	\$\$\$		\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$

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 (EOB from insurance provider)
- ACH Authorization/Direct Deposit Form – Completed with all requested documentation stated on that form (**Reimbursement is by DIRECT DEPOSIT**)

You can submit claim forms with your eligible receipts to one of the below options:

- Email – veba@electricalfunds.org
- 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



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VEBA-SFBF

- [SFBF/VEBA Deadline for Claim Submittal](#)
- [ACH Authorization / Direct Deposit Form](#)
- [Automatic Reimbursement Election Form](#)
- [Delta Dental Claim Reimbursement](#)
- [Delta Dental Orthodontia Reimbursement](#)
- [Dependent Care Reimbursement Information](#)
- [Educational Tuition/Book Reimbursement](#) – January 2014
- [How to Navigate on Website for SFBF/VEBA](#)
- [Letter of Medical Necessity Guide](#)
- [Mileage Reimbursement Instructions](#) – March 2013
- [Mileage Rates for VEBA](#)
- [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](#)