

SFBF/VEBA (HRA) FUND / IBEW LOCAL 8

If you have expenses that were incurred between

January 1, 2024, thru December 31, 2024, you have until **Monday, March 3, 2025**, to

submit them for reimbursement. This means the SFBF/VEBA Main Claim Form and eligible receipts must be received in the TEWF Fund office no later than 5 PM on 3/3/2025.

FAQ

What happens if I do not submit a claim on time?

If you do not submit your 2024 expenses by the deadline listed above, it will be denied, and you will not receive reimbursement. This includes prescriptions and vision dates of service in 2024. Dependent care and tuition receipts that were **PAID in 2024**, also need to be received by the deadline stated above.

Can I get a check for my reimbursement from the SFBF/VEBA Fund?

No. Reimbursements are by **direct deposit only**. Approved reimbursements will be on HOLD until a Direct Deposit Form and VOIDED check are received.


If you DO NOT have Toledo Electrical Welfare Fund Insurance, please note the following:

All contributions remain with this Local and cannot be transferred to any other Local or benefit plan. You cannot receive any contributions without an eligible out of pocket medical expense.

In order to request a reimbursement, you will need the following forms:

1. SFBF/VEBA Main Claim Form (form is on our website for download)
2. Direct Deposit Enrollment Form and VOIDED Check. If you have previously submitted the Direct Deposit Enrollment Form, you do not need to submit again.
3. Your Explanation of Benefits (EOB) from your insurance provider showing services rendered and processed by your insurance (see example below) **OR a DETAILED STATEMENT** from your medical provider showing: Date of service, patient name, Provider information, services rendered, amounts charged, and amounts paid by your insurance company.

Example of an EOB (information we need in order to process a reimbursement)

 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		Claim Number: 01122334455Z		Provider: ER & Hospital							
Place of Service: Outpatient		Type of Service: Medical		Payment to: ER & Hospital							
Date Received: 01/01/2021		Date Processed: 02/01/2021									
Date of Service	Total Charges	Other Insurance	Amount Paid	Notes	Patient Responsibility				Total Patient Responsibility		
					Non-covered Charges	Deductible	Co-insurance	Co-pay			
01/01/2021	\$\$\$	\$\$\$	\$\$\$		\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$		
01/01/2021	\$\$\$	\$\$\$	\$\$\$		\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$		
Claim Total	\$\$\$	\$\$\$	\$\$\$		\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$		

Information and forms are available at www.electricalfunds.org
If you have any questions, please email us at: veba@electricalfunds.org