

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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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
Retirement	Educational Tuition/Book Reimbursement – January 2014
401(k)	How to Navigate on Website for SFBF/VEBA
	Letter of Medical Necessity Guide
Eligibility / Self-Payments	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	