

## SFBF/VEBA (HRA) FUND / IBEW LOCAL 8

If you have expenses that were incurred between **January 1, 2026, through December 31, 2026, you have until Wednesday, March 31, 2027, 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 3/31/2027.

### FAQ

#### **Can I submit a date of service prior to January 1, 2026?**

No. The deadline for anything before 1/1/2026 is now past the deadline for reimbursement.

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

If you do not submit your 2026 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 2026. Dependent care and tuition receipts that were PAID in 2026 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 or documentation from your bank.


#### **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)**

 <b>Health Insurance Company, Inc.</b>		<b>EXPLANATION OF BENEFITS</b> <b>THIS IS NOT A BILL</b>							
Jane Person 1234 Paved Street Everywhere, OH 12345					Subscriber Information Member ID: XYZ123456789 Group ID: 123456 Group Name: Ohio Company				
Patient Name: Jane Doe Place of Service: Office Date Received: 3/1/2026			Claim Number: 987654321 Type of Service: Medical Date Processed: 3/15/2026			Provider: Dr. Doctor Payment to: Doctor Group			
Patient Responsibility									
Date of Service	Total Charges	Other Insurance	Amount Paid	Notes	Non-Covered Charges	Deductible	Co-Insurance	Co-pay	Total Patient Responsibility
2/25/2026	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
2/25/2026	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
<b>Claim Total</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$</b>

Information and forms are available at [www.electricalfunds.org](http://www.electricalfunds.org)  
If you have any questions, please email us at: [veba@electricalfunds.org](mailto:veba@electricalfunds.org)