

Toledo Electrical Welfare Fund

Supplemental Fringe Benefit Fund Summary Plan Description

Revised 9/8/2008

Toledo Electrical Welfare Fund: Supplemental Fringe Benefit Fund

Introduction

The Collective Bargaining Agreement (CBA) contains a provision that a negotiated amount will be deposited into the Supplemental Fringe Benefit Fund in an account for your use. Please refer to your CBA for information about your benefit and the negotiated amount.

The Supplemental Fringe Benefit Fund allows you to obtain, TAX-FREE, reimbursement for out-of-pocket health expenses and self payments.

This plan will save you money because of preferential tax treatment. To keep the tax advantages in the Supplemental Fringe Benefit Fund, the Internal Revenue Service (IRS) requires that certain rules must be followed.

The booklet describes the rules and how to use the Plan.

This booklet is provided to you as part of the Summary Plan Description of your benefits with the Toledo Electrical Welfare Fund. Refer to the Toledo Electrical Welfare Fund Summary Plan Description for information regarding appeals, eligibility, etc.

The purpose of this booklet is for you to understand this program and how to use it. As with all benefits, the Board of Trustees reserves the right to expand, modify, amend, or discontinue all or part of the Plan, whenever, in their judgement, conditions warrant. The Board of Trustees will resolve any disputes, questions, or interpretations concerning this program.

This booklet is available on our website: www.electricalfunds.org.

Questions? Need Claim Forms?
Contact the Toledo Electrical Welfare Fund
(419) 666-4450

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How This Plan Saves You Money

This Plan is designed to put extra money in your pocket. By using your Supplemental Fringe Benefit Fund (SFBF) account to pay for out-of-pocket medical, vision, dental, prescription, and self payments, the “extra” money comes from income taxes you will not have to pay.

Before the SFBF, you paid for out-of-pocket health care expenses and/or self payments with “after tax” dollars. In other words, you paid income taxes, and then paid for out-of-pocket health care/self payments with your take-home pay.

Example: A member has accumulated \$2,000 in his/her SFBF account. The full \$2,000 can be used, tax-free, to pay health expenses and/or self payments.

	Before SFBF	With SFBF
Gross Pay / Account Balance from employer contributions	\$2,000 – take-home pay	\$2,000 –acct balance
Minus taxes (estimated at 30%)	<u>(\$600)</u>	<u>\$0.00</u>
Useable Balance	\$1,400	\$2,000
Dollars needed for \$2,000 in expenses	\$2,600	\$2,000
Money Saved	<u>\$0</u>	<u>\$600</u>

The Administrative Manager reserves the right to interpret the provisions of the Plan and exercise the broadest possible discretion in doing so. Determinations made by the administrative manager are made in a non-discriminatory and uniform manner. In the event questions arise about the interpretation of issues in this handbook, the legal plan documents would be referred to and reviewed. The plan documents always take precedence over any statements made in this handbook.

Out-of-Pocket Health and Self Payment Expense Reimbursement

The Supplemental Fringe Benefit Fund allows you to receive **tax-free** reimbursement for out-of-pocket health care expenses you incur; you can use the full account balance for expenses with no money “lost” to pay taxes. Before the Supplemental Fringe Benefit Fund, you paid for health care expenses with “after tax” dollars.

This section explains how to obtain reimbursement for out of pocket health expenses and self payments on a **tax preferred** basis.

Eligible Out-of-Pocket Health Expenses

Most medical, dental, drug and vision expenses are eligible for reimbursement, including

- Deductibles
- Co-insurance amounts
- Co-pays not covered by the Fund due to plan design and on prescription drugs
- Amounts over reasonable and customary payments
- Vision expenses not covered by Vision Service Plan (VSP)
- Most other expenses resulting from a *diagnosis* that created a health care expense
- Any mileage driven or transportation costs incurred in the pursuit of any of the above (see Section 5 – “Mileage”)

In other words, with some exceptions, if a doctor prescribes something, it is eligible.

Expenses not resulting from a diagnosis are not eligible for reimbursement. Examples would be cosmetic surgery, health clubs and non-prescription sunglasses.

Example 1: Purchasing a wig. If you purchased the wig to look good, it is not eligible for reimbursement. However, if you lost your hair due to a disease, or due to chemotherapy treatment, the wig is eligible for reimbursement.

Expenses paid for by the Fund, other insurance (such as your spouse’s insurance), or your spouse’s medical spending account (a plan like this one) are not eligible for reimbursement. The IRS does not allow “double-dipping” – getting reimbursed for the same expense twice.

Example 2: You have a \$3,000 orthodontist bill. The Fund’s dental plan covers it up to \$2,000. Your spouse’s plan pays \$500. The balance of \$500 is eligible for reimbursement under this plan.

A list of eligible and non-eligible expenses is included at the end of this booklet.

Other Requirements for Out-of-Pocket Health Expenses

- The expense must be incurred on or after the later of the effective date of the plan or your effective date as a participant in the SFBF.

PLEASE NOTE: Certain expenses (dependent care, supplemental life insurance, long-term care insurance, and member educational expenses) can only be paid with money contributed to the plan on or after October 2004.

- Eligible expenses will only be reimbursed up to the amount you have in your Supplemental Fringe Benefit Fund account.
- A claim form must be completed and signed.
- For expenses not covered by insurance (deductibles, amounts over reasonable and customary, etc.), you must attach the Explanation of Benefits you receive from the insurance carrier.
- Expenses not filed with insurance (over the counter drugs, for example) must be accompanied by a bill or receipt that has an explanation of the expense.
- If the expense is eligible under another program, such as your spouse's insurance, you must file a claim with the other insurance before you can request reimbursement from the SFBF. You will need the other insurance Explanation of Benefits to be reimbursed under this plan.

Self Payments

- Self Payments are eligible and can be made tax free, from your Supplemental Fringe Benefit Fund account.
- Use the Self Payment claim form. Just check the box under "Self Payment Request," sign the form, and send it to the Fund office.
- Self Payments can only be made up to the amount you have accumulated in your Supplemental Fringe Benefit Fund account.

Surviving Spouse/Dependent Benefits

The Supplemental Fringe Benefit Fund does have a provision that allows the surviving spouse and/or surviving dependents to access the remaining SFBF account balance of a member who has died.

In the event of the member's death, the surviving spouse or dependents can continue to use the Supplemental Fringe Benefit Fund in the following ways:

- To be reimbursed for eligible medical and prescription drug expenses
- To be reimbursed for eligible dental expenses
- To be reimbursed for eligible vision expenses
- To pay for continued eligibility in the Toledo Electrical Welfare Fund as a Surviving Spouse and/or Surviving Dependents

Funeral Expenses are not eligible for reimbursement. Also, the surviving spouse and/or surviving dependents cannot receive the value of an SFBF account as a lump sum.

Should the surviving spouse or dependents die, any amounts left in the Supplemental Fringe Benefit Fund will be forfeited. In other words, if there is no one left in the immediate family, any amounts left are forfeited.

PLEASE NOTE: Benefits are made available by the Board of Trustees as a privilege, not as a right. No person acquires a vested right to any benefits, either before or after meeting the requirements for initial eligibility of benefits. The Trustees may expand, reduce or cancel coverage, change eligibility requirements or the amount of self-payments, and/or exercise their prudent discretion at any time. These actions may be done without legal right or recourse by an eligible employee or any other person.

Filing SFBF Claims

To obtain benefits from the Supplemental Fringe Benefit Fund, you must submit a claim form. There are separate forms for:

- Out of Pocket Health Expense Reimbursement
- Self Payments and Automatic Payment of claims by the Fund office

Claim forms are available from the Fund office. If you need a claim form, please give us a call at (419) 666-4450.

Though the claim forms are self-explanatory, here are some brief instructions for your assistance.

Out-of-Pocket Health Expense Reimbursement

To obtain reimbursement for out of pocket health expenses, simply identify

- The date the expense is incurred (i.e., date of your doctor's visit)
- The name of the person who had the expense (you, your spouse or dependent)
- The miles driven or cost of transportation to and from the source of the expense (see Section 5 – "Mileage")
- The total expense minus the amount paid by other plans

The last column is the amount you will get from the Supplemental Fringe Benefit Fund.

"Amount paid by other plans" means any reimbursement you received from the Toledo Electrical Welfare Fund, from any other plan like this, or from other insurance (such as your spouse's insurance).

Example 3: You have a \$75 expense. The Fund paid \$50, and your spouse's insurance paid \$15. You will be reimbursed \$10 from your SFBF.

You must attach a copy of the Explanation of Benefits, the bill or the receipt to receive reimbursement.

You have until 60 days after the end of the calendar to file for expenses incurred in the calendar year. You have until the end of February to file for reimbursement for the prior year.

Self Payments / Automatic Reimbursement

If you want to file for self-payments, please check the box that requests to do so. The Fund will begin using your Supplemental Fringe Benefit Fund account for self-payments.

As self payments may vary depending upon hours worked, the Fund will deduct from your Supplemental Fringe Benefit Fund account the required self payment to maintain eligibility.

For automatic reimbursement, check the box requesting it. The Fund office will then reimburse you for out-of-pocket amounts they know of, such as a deductible or expenses not covered by the medical or dental plans that are eligible for reimbursement under this plan.

Even if you request automatic reimbursement, you still must submit receipts for out-of-pocket expenses for vision, prescriptions, over-the-counter medications, mileage, etc. The automatic reimbursement only tracks items that we administer in the Fund office – dental, medical and self-pays.

Amounts reimbursed will be limited to the amount you have in your Supplemental Fringe Benefit Fund account. Expenses paid for by another plan (such as your spouse's coverage) are not eligible for reimbursement under this plan.

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Out-of-Pocket Health Expenses: What's Eligible/What's Not

Following is a list of common expenses that may or may not be eligible for reimbursement under the Supplemental Fringe Benefit Fund. Remember that any expense that has already been reimbursed for by the Toledo Electrical Welfare Fund or any other insurance is not eligible.

Example 4: A prescription is covered by the Fund and your co-pay at the pharmacy was \$12.00. The \$12.00 is eligible for reimbursement. The cost of the prescription that was covered and paid for by the Fund is not eligible.

The list of eligible and ineligible expenses is arranged in alphabetical order.

Abortion	Legal abortion expenses are eligible
Acne Medicine	Eligible
Acupuncture	Eligible
Alcoholism	Expenses paid to a treatment center are eligible, including meals and lodging provided by the center during treatment
Ambulance	Eligible
Artificial Limb	Eligible
Artificial Teeth	Eligible
Automobile	Expense for special hand controls and other special equipment for the use of person with a disability are eligible. The cost of operating a specially equipped automobile is not eligible. Qualified transportation costs are eligible – see “Mileage.”
Babysitting	Not eligible, though qualified dependent care is – see “Dependent Care”
Bandages	Not Eligible

Birth Control	Eligible if prescribed by a doctor
Braille Books and Magazines	Expenses for the cost of a Braille book and/or magazine are eligible <u>if</u> for use by a visually impaired person <u>and</u> only for the amount over a regular book or magazine
Chair	Costs for a special chair, with a letter from a doctor indicating medical necessity, are eligible
Childbirth Classes	Expenses for childbirth classes for the expectant mother are eligible. Expenses for the expectant father, or coach, are not eligible.
Chiropractor	Eligible
Christian Science Practitioners	Eligible
Co-insurance Amounts	Out-of-pocket amounts are eligible
Compression Socks/Hose	Eligible with a prescription or note of medical necessity
Contact Lenses	Expenses for contact lenses to correct vision, including contact lens solution, are eligible. Contact lens replacement insurance or contact lenses used for eye color only are not eligible expenses.
Co-pays	Out-of-pocket amounts are eligible
Cosmetic Surgery	Expenses for cosmetic surgery are eligible if the surgery is necessary to improve a deformity arising from, or related to, a congenital abnormality or injury, or a disfiguring disease. Expenses for cosmetic surgery solely to improve appearance are not eligible, including face lifts, hair transplants, and hair removal. Breast implants or reductions are not covered unless they are medically necessary.
Crutches	Eligible
Dance Lessons	Not eligible, even if recommended by a doctor.

Dependent Care	You can only use contributions after October 2004 for this expense. Eligible if meets the following criteria: <ul style="list-style-type: none"> • Dependent must be under 13 or physically/mentally incapable of caring for himself • Is provided to an accredited day care, which provides services and reports same as taxable income • Is not for informal care or friends/relatives watching kids
Deductibles	Eligible
Dental Expenses	Eligible
Diapers	Not eligible unless needed to relieve the effects of a particular disease
Diet	Special foods and beverages are eligible <u>only</u> if they are prescribed by a doctor <u>and</u> only to the extent that the cost exceeds the cost for a common version of the same product
Drugs	Eligible as long as legal and either are prescribed by a doctor or are over the counter drugs that treat a symptom or diagnosis, or cure or prevent a disease – i.e. cough medicine, aspirin, nasal spray
Drug Addiction	Expenses paid to a treatment center for drug or alcohol abuse are eligible. This includes meals and lodging provided by the treatment center during treatment.
Ear Piercing	Not eligible
Educational Expenses	For members ONLY – not spouses or dependents – if work related (JATC expenses are eligible). You can only use contributions after October 2004 for this expense.
Electrolysis (Hair Removal)	Not eligible unless medically necessary to promote the proper use of a body part or to prevent or treat an illness or disease
Eyeglasses	Prescription eyeglasses and prescription sunglasses are eligible
Face Lifts	Not eligible unless medically necessary to promote the proper use of a body part, or to prevent or treat an illness or disease

False teeth	Eligible
Fitness Program	Not eligible unless medically necessary to promote the proper use of a body part, or to prevent or treat an illness or disease
Food	Special foods and beverages are eligible <u>only</u> if they are prescribed by a doctor <u>and</u> only to the extent that the cost exceeds the cost for a common version of the same product
Funeral Expenses	Not eligible
Guide Dog (or other animal)	The cost of a guide dog or other animal used for the purpose of aiding someone visually impaired, hearing impaired, or physically disabled is eligible, including the costs of care and training. An animal for companionship, even if recommended by a doctor, is not eligible.
Hair Transplant Or Implants	Not eligible unless medically necessary to prevent or treat an illness or disease
Health Club Dues	See “Fitness Program”
Hearing Aids	Eligible, including batteries
Holistic Care	Eligible
Home Modification	Modification made to your home for a medical condition or disability are eligible. This includes, but is not limited to, ramps, handrails, bathroom modifications, spas and Jacuzzis. The improvement/ modification is not eligible if it improves the value of your home.
Household Help	Not eligible, however nursing services are eligible
Humidifier	Eligible with a prescription or note of medical necessity
Insurance	Insurance premiums not paid on a pre-tax basis are reimbursable, including amounts paid for your spouse’s health insurance
Laboratory Fees	Eligible if for medical care

Lead-based Paint Removal Cost of removing lead based paint to prevent a child from eating the paint is eligible. The paint must be peeling or cracking and within the child's reach. The cost to repaint is not eligible.

Learning Disabilities Tuition payments to a special school for a child with a severe learning disability are eligible. Tutoring fees are also eligible. The tutor must be trained and qualified to work with children that have learning disabilities. The special school or tutoring must be recommended by a doctor.

Legal Fees Only legal fees used to authorize treatment for mental illness are eligible, including defense in the case of a DUI

Life Insurance Eligible if purchased on a voluntary basis from the Fund. You can purchase life insurance up to an additional \$40,000 in coverage with your SFBF. Contact the Fund office for more information.

Liposuction Not eligible unless medically necessary to promote the proper use of a body part or to prevent or treat an illness or disease

Lodging Cost of lodging at hospitals or similar settings is eligible if the patient is receiving medical care.

Lodging away from home not in a hospital or similar setting is eligible if the following four criteria are met:

- 1) Is essential to medical care
- 2) Medical care is provided by a doctor in a licensed hospital or facility
- 3) Lodging is not extravagant
- 4) There is no significant personal pleasure, recreation, or vacation involved

Lodging expenses cannot exceed \$50 per night per person. Lodging expenses are permitted for a person traveling with the patient. Lodging expenses include meals. If the above criteria are not met, expenses are not eligible even if a doctor recommended the trip.

Long Term Care Eligible up to certain limits for a qualified long-term care insurance

Premiums	policy. The limits depend on age. You can be reimbursed for the premiums for you and your spouse. See Appendix 1 for most up-to-date information on limitations. You can only use contributions after October 2004 for this expense.
Massage Therapy	Eligible
Maternity Clothes	Not eligible
Mileage	Mileage to and from a doctor's office, the pharmacy is eligible or any provider of an eligible expense. To receive reimbursement, write down the date of the trip, the miles traveled, and where you went on the claim form. See Appendix 1 for most up-to-date reimbursement level.
Nursing Home	Eligible
Nursing Services	Expenses for nursing services are eligible. Personal and household expenses are not eligible.
Optometrist	Eye exams, lenses and contacts to correct vision are eligible
Orthopedic Shoes	Eligible
Over the Counter Drugs	Eligible if they treat a symptom or diagnosis, or cure or prevent a disease – i.e. cough medicine, aspirin, nasal spray. Vitamin, toiletries, cosmetics, or mineral supplements are not covered. To receive reimbursement, turn in receipts with the items circled with a signed claim form.
Oxygen	Eligible
Photorefractive Keratotomy	Eligible
Physical Exam	Eligible
Plastic Sheets/ Pillow/Mattress Cover	Eligible for allergy treatment with a prescription or doctor's note

Pre-existing Conditions	Medical expenses not covered because of a pre-existing condition are eligible
Prescriptions	Eligible as long as legal and requires a doctor's prescription
Private Hospital Room	Eligible
Radial Keratotomy (RK)	Eligible
Reasonable & Customary (R&C)	Expenses paid for out of pocket in excess of reasonable and customary are eligible
Resorts	Not eligible even if recommended by a doctor
Retin-A	Eligible if prescribed by a doctor for acne. Not eligible if prescribed for wrinkles.
Rogaine	Not eligible if for cosmetic purposes only. Eligible if prescribed for a medical condition.
Self Payments	Eligible
Sexual Counseling	Eligible if for sexual inadequacy, if the counseling is provided by a psychiatrist
Smoking Programs	Only eligible if attendance at a program is prescribed by a doctor to treat another medical condition (for example, emphysema)
Sterilization	Eligible
Substance Abuse	Expenses paid to a treatment center for drugs or alcohol abuse are eligible. This includes meals and lodging provided by the treatment center during treatment.
Telephone	Only expenses for equipment needed for a hearing impaired person are eligible over the cost of regular phone equipment

Television	Only costs associated with equipment that displays subtitles for a hearing impaired person are eligible
Transportation	Expenses associated with transportation essential for medical care are eligible. This includes bus, taxi, airplanes, train, automobile, and ambulance. Expenses include actual gas and oil, parking and tolls, or a flat mileage reimbursement amount (see Appendix 1- "Mileage"). Expenses for visits to see a mentally ill dependent are eligible only if the visits are recommended as part of the treatment. The flat-rate mileage must be used. Expenses not eligible include repairs and maintenance, travel to and from work (even if an unusual means of transportation is used due to a medical condition), transportation for non-medical reasons.
Trips	Trips to receive medical services are eligible. See "Transportation" and "Lodging." A trip for change in climate, or improving morale or health is not eligible, even if recommended by a doctor.
Usual, Customary and Reasonable (UCR)	Expenses paid for out of pocket in excess of usual, customary and reasonable are eligible
Vacations	Not eligible, even if recommended by a doctor
Vaccines	Eligible
Vasectomy	Eligible, including reversal of vasectomy
Veterinary	Not eligible
Viagra	Eligible as long as prescribed by a doctor
Vision	Exams are eligible. Glasses, lenses, contact lenses are eligible if the purpose is to correct vision. Prescription sunglasses are eligible. Non-prescription reading glasses are eligible.
Vitamins	Only vitamins that are prescribed by a doctor to treat a medical

condition are eligible. Over the counter vitamins are not eligible.

- Weight Loss** Weight loss programs and pills are not eligible. However, if weight loss program is prescribed by a doctor to treat a specific medical condition such as heart disease, the expense is eligible.
- Wal-Mart** Prescriptions filled at Wal-Mart are only reimbursable through the SFBF
- Wheelchair** Eligible, including motorized scooters.

Remember to sign and date your claim forms

Forms can be mailed to:

Toledo Electrical Welfare Fund
P. O. Box 60408
Rossford, OH 43460
419-666-4450 Phone
419-666-5410 Fax

Claim forms, additional copies of this booklet, and other information are available on our website: www.electricalfunds.org.

Appendix 1: Yearly Rate Schedules

Mileage Reimbursement

For qualified medical travel, the reimbursement rates are:

For 2007: \$0.20 / mile

For 2008 1/1 to 6/30: \$0.19 / mile

For 2008 7/1 to 12/31: \$0.27 / mile

(See example on next page.)

Long Term Care Insurance Limits by Age

The maximum amount of qualified long-term care premiums for which you can be reimbursed is a function of the age of the person for whom the policy covers.

2007:

- Age 40 or under – \$290
- Age 41 to 50 – \$550
- Age 51 to 60 – \$1,110
- Age 61 to 70 – \$2,950
- Age 71 or over – \$3,680

2008:

- Age 40 or under – \$310
- Age 41 to 50 – \$580
- Age 51 to 60 – \$1,150
- Age 61 to 70 – \$3,080
- Age 71 or over – \$3,850

**EXAMPLE:
COMPLETED
SFBF CLAIM**

Toledo Electrical Welfare Fund
Supplemental Fringe Benefit Fund
Out of Pocket Health Expense
419-666-4450 (office) 419-666-5410 (fax)

Name: Harry Sparks Social Security #: xxx-xx-xxxx

Instructions:

Fill in the necessary information below for health expenses incurred by you or your eligible dependents for which you request reimbursement. Expenses covered under other medical insurance plans must be submitted to those plans first for reimbursement. **Then you must attach a copy** of the Explanation of Benefits you receive from the other insurance carrier along with this request for reimbursement. Expenses **Not Covered** under any plans must be accompanied by a paid receipt with a full explanation of the expense.

TWTF Members: Submit receipts for vision, prescriptions, and over the counter out of pocket. Medical and dental out of pocket is on file with the Fund Office, no need for receipts or bills.

Type 1 Benefits		Type 2 Benefits (Effective on or after January 1, 2005)
Medical, Dental, Prescriptions, Vision, Over the counter medication, and mileage.		Dependent Care, Educational Assistance, Long Term Care Insurance Coverage, and Life Insurance Coverage
Date Incurred	Name of Individual Incurring Expense	Your Out-of-Pocket Expense
8/3/2008	Harry Sparks – Pharmacy Co-Pays	\$ 20.00
8/3/2008	Harry Sparks – Pharmacy, 12 miles r/t	\$ 3.24
		\$
		\$
		\$
		\$
TOTAL		\$ 23.24

All Contributions after 9/27/04 (October Work Month) are for Type 2 Benefits. I authorize the SFBF to transfer monies from Type 2 to Type 1, if needed, so that I can be reimbursed for Type 1 Benefits.

I hereby request payment from the Supplemental Fringe Benefit Fund for out of pocket health expenses indicated above.

I certify that I will not claim these expenses as an income tax deduction and that the expenses comply with the requirement of the Plan.

Harry Sparks

8/4/2008

Signature

Date

Appendix II: The Vension

In April 2008, the Inside and Inside Maintenance members ratified a successor INSIDE collective bargaining agreement, affecting Journeymen Inside Wiremen (JIW) and Inside Apprentices. The new agreement is effective for three years, April 28, 2008 to April 24, 2011.

The membership voted that \$0.50 of the wage increase will be ear-marked for benefits (Inside Apprentices receive a percentage of the \$0.50, depending upon their period in the apprentice program).

The Vension – Your Benefit Choice

Starting with July 2008 work hours, JIW and apprentices can direct the \$0.50 (or for apprentices, the percentage of same) to EITHER their pension account or their SFBF account, with the following exceptions:

- First and second period apprentices (classifications 061 and 062) are not eligible for pension contributions, so their benefit money will go into their supplemental fringe benefit fund (SFBF) account
- Journeymen with 4+ years (classification 01C) are currently deferring the IRS maximum into their pension account, so their \$0.50/hour will also go to their SFBF account

This choice of benefit money allocation has been dubbed the VENSION (a combination of VEBA and pension).

There will be an annual open enrollment between mid-May and mid-June during which members eligible for the Vension will be allowed to make the decision about allocating their money. Members can also change their allocation when they start working for a new employer.

If you choose to not make an allocation, the money will by default be put into your pension account (with the exceptions outlined above, whose money will go into their SFBF).