

Educational Reimbursement Benefit Claim Form

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



Participant Information

Participant's Name (Please Print) _____ Last four digits of Social Security Number _____

Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Marital Status: Single Married Divorced

Claim Information

Name of person for this claim (Please Print) _____ Last four digits of Social Security Number _____

This claim is for: Self Spouse Unmarried Dependent
Date of birth of Dependent _____

Full-Time College Student? Yes No

Note: You must have current Dependent/Student Eligibility Form on File for this Full-Time College Student

Course Information for Reimbursement

Name of School / College _____

Indicate qualifying program for reimbursement: Private Highschool Vocational School
College Adult Education

Do Not forget to attach copies of billings, receipts or payments AND notice of Grade or completion information with form.

For Fund Office Use Only

Eligibility: _____

Claim Number: _____

Beginning Term: _____

Form on File: Yes No

Ending Term: _____

Participant's signature _____

Date _____

Tax Information: Educational Benefits for members are tax-free. Education benefits for spouses and dependents are taxable income. You will receive a 1099 form for income tax filing purposes.