

## **VEBA - Supplemental Fringe Benefit Fund**

The Supplemental Fringe Benefit Fund, or VEBA, is an employer-funded benefit that provides for reimbursement of medical out-of-pocket expenses. Expenses covered under other medical insurance plans must be submitted to those plans first before submitting to the VEBA for reimbursement. Reimbursement can also be made for certain expenses not covered by the Plan, like mileage to and from a doctor's office for treatment\*.

Reimbursement can be obtained by submitting a [VEBA claim form](#) with copies of receipts showing date of service, type of service and out of pocket total for eligible expenses. Credit card receipts and/or cancelled checks are insufficient for reimbursement. Benefit payments are issued monthly. Cut off for receiving out-of-pocket expense is the 15th of the month. Checks will be mailed out sometime between the 20th and 25th of the month.

Please submit the Explanation of Benefits you get from your health insurance for a medical or dental reimbursement from the SFBF/VEBA. If your medical and dental is paid by the Toledo Electrical Welfare Fund, we have this on file for you and you do not have to send us the Explanation of Benefits.

Annual statements are provided to participants to advise them of their Plan balance. Account balances may be obtained by e-mailing the [Benefit Office](#), or calling them at 419-666-4450.

You may download the VEBA claim form in PDF format on our website: [www.electricalfunds.org](http://www.electricalfunds.org) or call our office and we can mail out forms per your request.

### **Frequently Asked Questions: SFBF/VEBA**

#### **Can I take my balance and receive a check for it even though I do not have any out-of-pocket expenses, just take taxes out of it?**

No, this is a tax free fund and follows rules established by the IRS to keep it that way. You must supply some sort of out-of-pocket expense in order to receive any money from this fund.

#### **How do I get reimbursed for vision and prescription out of pocket expenses?**

Submit a receipt that shows the date services were rendered, and how much you paid out of pocket.

#### **What is my VEBA balance?**

You can call into the Funds Office during office hours and get your up-to-date balance.

#### **What other things can we get reimbursed for besides medical and dental?**

Prescriptions, Vision, Some over-the-counter medicine, mileage to and from the doctor's office or pharmacy. Also, Dependent Care, educational assistance for the member only and medical insurance premiums. If you have a question if something is an eligible expense, just call the Funds Office.

\* To obtain reimbursement for mileage, attach the following information to your VEBA claim form:

- Date
- Patient Name
- Round-trip mileage
- Name of the doctor, pharmacy or medical facility

Submit this information on a VEBA claim form. Reimbursement for mileage from 2006 is \$0.18 per mile. Reimbursement for mileage from 2007 will be \$0.20 per mile.

#### **When will checks go out?**

We try to follow these guidelines. Cut-off for receiving receipts is the 15th of every month and checks will go out between the 20th and the 25th once a month.

**If you have any other questions, please call the Funds office, Monday thru Friday, 8 am- 5 pm at (419)666-4450.**