IBEW
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LOCAL UNION No. 124 I.B.E.W.
BENEFIT TRUST OFFICE
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Kansas City, Missouri 64114
Log onto Website @ www.ibew124benefits.org

NECA
Telephone (816) 943-0277

2025 Spouse Employment Insurance Premium Reimbursement Form

Member Name:_____

Member SS#: _____

Spouse Name: _____

Reimbursement Policy – The Fund will reimburse 100% of your contribution up to a monthly maximum of $175.00 for eligible medical and prescription **employee only coverage for your spouse's employment based coverage**. Dental and vision coverage is not reimbursable. Retirees are not eligible.

This proof of Payment Form is for the month(s) of: (Please check the appropriate boxes)

☐ January 2025	☐ February 2025	☐ March 2025
☐ April 2025	☐ May 2025	☐ June 2025
☐ July 2025	☐ August 2025	☐ September 2025
☐ October 2025	☐ November 2025	☐ December 2025

*The Spouse Employment Insurance Premium Reimbursement Program begins 8/1/2016

We have attached the necessary proof of payment in the form of:

☐ Copies of my paycheck stubs for each month being requested, showing a payroll deduction in the amount of $_____for **employee only coverage** for the eligibility months indicated above. Or

☐ Verification from my employer on their letterhead verifying that I paid $_____ for **employee only coverage** for the eligibility months indicated above**.**

The following additional documentation that must be submitted with this form:

- The summary of benefits and coverage (SBC) for the plan in which your spouse is enrolled
- Enrollment form documenting the coverage elected by your spouse
- Enrollment materials or other documentation on employer letterhead showing the employee portion of the premium for your spouse's health plan
- A 1099 will be issued for funds received each year.

If your spouse wishes to waive medical and prescription coverage under the 124 Welfare Plan, initial here _____. This is required for reimbursement if your spouse's health plan either has a deductible equal to or greater than $1,650 or does not meet the minimum value according to the Affordable Care Act. **By law, your spouse must waive coverage if he/she is making contributions to a Health Savings Account.** Note that even if your spouse waives medical and prescription coverage, he/she will still be eligible for dental and vision benefits.

We hereby certify that the information given in this form is true, correct, and complete to the best of our knowledge.

Member's Signature:_____ **Date:**_____

Spouse's Signature:_____ **Date:**_____