



VEBA Annual Hardship Request

Please return your signed form to Heather Lynch

MUST BE SUBMITTED NO LATER THAN THE LAST DAY OF SCHOOL

Deposits to the VEBA account (Plans 834 & 835) are made in the following increments:

	Single	Family
Early July (around the 1st)	\$ 200	\$ 400
Early September (around the 1st)*	\$1,000	\$2,000

*If your employment terminates before September 1st you will not receive the second deposit. Any expenses that exceed your available balance will be out of pocket for you.

Amounts for the Minimum Value Plan are slightly different. See the Benefit Guide for more information.

If you have excessive medical expenses in July and August, you may be eligible to receive the September deductible deposit earlier if **ALL** of the following are true:

- You do not participate in the Medical Flexible Spending Plan
- You have less than \$500 carryover available in your VEBA account
- Your employment will continue with ISD #13 next year
- You are financially unable to pay the expense(s) and request reimbursement

Reason for claiming hardship:

Elected Coverage Level (circle one)

Single

Family

I certify the information above is true and correct to the best of my knowledge.

Printed Name

Employee Number

Signature

Date

Processing Use Only:	Eligibility Verified _____	Approved _____	Denied _____
Forwarded to Administrator _____	Funds Dispersed to Further: Date _____	By _____	