



IBEW LOCAL 234 HEALTH AND WELFARE PLAN



March 2025

SUMMARY OF MATERIAL MODIFICATIONS

to the

IBEW LOCAL 234 HEALTH AND WELFARE PLAN

HRA Balance Transfer Policy

Effective as of June 1, 2025, Participants of the IBEW Local 234 Health and Welfare Plan are permitted to transfer a portion or all of their BennyCard balance to other Plan Participants who may have a need for such funds. A person desiring to transfer such balance can do so no more than twice during a calendar year. If a Participant desires to transfer any such funds, the Participant must complete, sign and date the attached form specifying the amount of the transfer and the individual (IBEW 234 member) to whom the funds should be transferred. Such transfers will take place within 30 days of receipt of the completed form in most situations. Once such a transfer request has been made, after three days it is irrevocable. The form should be emailed to staff@ibew234benefits.org or mailed to P.O. Box 670, San Jose, CA 95109.



IBEW LOCAL 234 HEALTH AND WELFARE PLAN



AUTHORIZATION FOR HEALTH REIMBURSEMENT ACCOUNT (HRA) BALANCE TRANSFER

My Information:

Name: _____ Social Security No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

I hereby authorize the IBEW Local 234 Health and Welfare Plan, herein called the Plan, to initiate the transfer of my Health Reimbursement Account (HRA) funds to the following Plan participant:

Recipient Information:

Name: _____ Social Security No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

Amount to Transfer: \$ _____

I understand that once such a transfer request is made, after three days it cannot be reversed.
I understand that HRA transfers are limited to twice per calendar year.

Signature

Date

