

VEBA Low Balance Forfeiture Form

I am eligible to receive 35% of my sick leave balance to be deposited into a VEBA account for medical expenses after my retirement from City of Seattle service. I hereby **forfeit** 35% of my sick leave balance into a mandatory VEBA account due to a low account balance. The value of my sick leave balance is approximately \$ _____
_____.

I authorize the forfeiture effective today _____ (date).

Print Name

Signature