

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
DEPARTMENT REIMBURSEMENT FOR TERMINATED
EMPLOYEE ARREARS PREMIUMS

HRA- Complete this form and submit it with the employee's check or money order to their department's cashier/accountant.

Dept Name: _____
Name of Employee: _____
EE#: _____
Employee termination date: _____

Total Insurance Arrears amount being paid back: \$ _____ Check #: _____

Breakdown

Blue Cross Health (Objt Code 1315)

Amount to be paid for this carrier: \$ _____

Delta Dental (Objt Code 1323)

Amount to be paid for this carrier: \$ _____

SPOC Health (Objt Code 1320)

Amount to be paid for this carrier: \$ _____

SPOC Dental (Objt Code 1348)

Amount to be paid for this carrier: \$ _____

Supplemental Life (Objt Code 1317)

Amount to be paid for this carrier: \$ _____

Fund _____ Dept _____ Orgn _____ Objt _____ Program Code _____ To be completed by Dept Accounting team / Budget Analyst

*This is to be submitted along with a check or money order if an employee has separated from employment and has not paid off insurance premiums owed. The arrears balance must be paid off.

Funds will be deposited by the department into the department's insurance accounts and DAS will pull funds from the department to cover the missed insurance premiums still owed.