

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
ARREARS PAYOFF FOR A TERMINATED
EMPLOYEE

Complete this form and submit it with the employee's check to DAS-SAE 3rd Floor
Hoover Building Attn: Insurance Billings/Arrears.

Dept Name: _____

Name of Employee: _____

EE#: _____

Employee termination date: _____

Total Arrears amount being paid off: \$ _____ Check #: _____

Breakdown

Health carrier: _____

Amount to be paid for this carrier: \$ _____

Dental carrier: _____

Amount to be paid for this carrier: \$ _____

Supplemental Life carrier: _____

Amount to be paid for this carrier: \$ _____

*This is only to be submitted along with a check if an employee separates from employment and has not paid off insurance premiums owed.