

Iowa Department of Administrative Services  
**LIFE/LTD STATE SHARE TRANSFER**

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.  
**Complete separate forms for Life & LTD.***

Check One:     Life (or)  LTD                      Amount \$ \_\_\_\_\_

Life Code: \_\_\_\_\_

For Month of: \_\_\_\_\_

**\*If in a leave code 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.**

Authorized by: \_\_\_\_\_