

Iowa Department of Administrative Services
TRANSFER BETWEEN CARRIERS

Department Name: _____ Date: _____

Employee Name: _____ SSN: _____

Payroll Number: _____ Month/Year: _____

Reason for Transfer: _____

Enter only one employee name, plan name, insurance code and dollar amount per request.

FROM

TO

Insurance Carrier: _____ Insurance Carrier: _____

Insurance Code: _____ Insurance Code: _____

Amounts to transfer:

Employee Share _____

State Share _____

Authorized by: _____