Iowa Department of Administrative Services

**LIFE/LTD STATE SHARE TRANSFER**

**Department:**       **Date:**

**Employee Name:**        **SSN:**

**Payroll Number:**

**Reason for Transfer:**

*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.*

*Check One:* **Life**  **LTD Amount** $

**Basic Life Code:**      

**\*If a leave code of 53, 54, 57 or 59 Life/LTD state shares are**

**For Month of:**       **automatically paid, this form is not needed**.

**Authorized by:**

CFN 005-01 03/14

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