Iowa Department of Administrative Services – State Accounting Enterprise

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| REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE |

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| --- | --- |
| **Name:** |       |
|  |
| **Department:** |       |
|  |
| **Date Submitted:** |       |  **Pay Period of Over-deduction:** |       |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10 Digit Payroll Number\*** | **Class and Position Numbers** | **EmployeeNumber** | **Social Security Number** | **Insurance Type****(H, D or L)** |
| (Payroll Number) | (Class and Position) | (EEN) | (SSN) | (Ins. Type) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date\*\*****(MM-YY)** | **Insurance Code Being Refunded** | **Pre-Tax Flag****(Y or N)** | **Refund Amount For Employee** | **Refund Amount For State Share**  | **Reason for Refund (Code)** |
| (Date) | (Enter Code) | (Y / N) | $0.00 | $0.00 | (Choose 1-7 Below) |

**Explanation:\*\*\***

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*\* Payroll number must correspond to billing report at over-deduction.*

*\*\* Date - include MM and YY of effective date to which the refund applies.*

*\*\*\* Always include a full explanation regardless of refund reason.*

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| Insurance Type | Pre-Tax Flag | **Reason for Refund** |
| **H** = Health | **Y** = Yes Pre-Tax | **1** = Termination of Employment |
| **D** = Dental | **N** = No Pre-Tax | **2** = Termination of Insurance Coverage Only |
| **L** = Life |  | **3** = LTD Leave |
|  |  | **4** = Transfer Between Plans |
|  |  | **5** = Incorrect Code |
|  |  | **6** = Part-time to Full-time |
|  |  | **7** = Other Reason |

**NOTE:**

**Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.**

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|  |  | **Authorized Claim Signature** |  |