IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES

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 request may be returned due to insufficient information.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Plan: |  | | Amount: |  |
|  | |  |  |  |
| Insurance Code: | |  |  |  |

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| --- | --- | --- | --- | --- |
| **For Month of:** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CFN 552-0335 R 4/04 |  | **Authorized by:** |  |

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|  | |  |  |  |
| Insurance Code: | |  |  |  |

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