Iowa Department of Administrative Services – State Accounting Enterprise

EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |       | **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 Plan: |       |  | Insurance Plan: |       |
|  |  |  |  |  |
| Insurance Code: |       |  | **Insurance Code:** |       |

|  |  |  |
| --- | --- | --- |
| Employee’s Share |  |       |
|  |  |  |
| State Share |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| CFN 552-0576 R 4/04 |  | **Authorized by:** |       |