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:** |  |