KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

CREDIT (REFUND) REQUEST

AGENCY NAME _____

AGENCY # _____

IC/CONTACT _____

ADDRESS _____

_____

PHONE _____

SECURE FAX _____

Employee Name	Personnel #	Business Partner #
_____	_____	_____

Total Credit _____

Group Life _____

Health _____

Admin Fee _____

FSA _____

HRA _____

Dental _____

Vision _____

Note: Please list only one employee per credit (refund) request form. If multiple employees are listed on the same form, it will be returned to the agency to be corrected. Refund checks will be made payable to the individual employee.

Signature _____ **Date** _____