Oklahoma State and Education Employees Group Insurance Board
Request for Insurance Premium Refund

Entity Name: _____ Group/Division #: _____

Entity Address: _____

_____

Employee Name: _____ Member ID or SSN: _____

Month/Year	Monthly Premium Paid	Monthly Premium Due	Refund Due
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
Total	0.00	0.00	0.00

Reason for overpayment: _____

_____

Insurance Coordinator Signature: _____ Date: _____

Note: *Board Rule 360:10-3-7 (2): Refunds on behalf of employees shall be paid to the entity. In order to receive a refund, the entity must have a credit balance.*

Return completed form to: *OSEEGIB, 3545 NW 58th, Suite 110, Oklahoma City, OK 73112*

BOARD USE ONLY

V3 Transaction #: _____

Approved for payment: _____ _____
Supervisor Date

Approved for payment: _____ _____
(If over $4,000 or six months) Finance Director or Designee Date

FOR OSEEGIB USE ONLY