



**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	_____

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 58<sup>th</sup>, 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

<b><u>FOR OSEEGIB USE ONLY</u></b>