

(COMPANY LETTERHEAD/COMPANY NAME)

ISIS HR PAID EMPLOYEE REFUND/CREDIT REQUEST

Employee Name		Agcy No.		SSN	
Detailed Reason for Refund Request (check one):					
<input type="checkbox"/> Incorrect Premium submitted on SED-4, signed corrected SED-4 required					
<input type="checkbox"/> Policy never issued - refund all that has been deducted, signed SED-4 required					
<input type="checkbox"/> Incorrect Premium established in and being received from ISIS HR (verify SED-4)					
<input type="checkbox"/> Other -					
Product		Payroll Code (PA, NA, etc)			
Incorrect semi-monthly deduction		Correct semi-monthly deduction			
Semi-monthly amount to refund	0.00	# of ck dts to refund		Total Amount	0.00
Begin ck dt of refund				End ck dt of refund	
Product		Payroll Code (PA, NA, etc)			
Incorrect semi-monthly deduction		Correct semi-monthly deduction			
Semi-monthly amount to refund	0.00	# of ck dts to refund		Total Amount	0.00
Begin ck dt of refund				End ck dt of refund	
Product		Payroll Code (PA, NA, etc)			
Incorrect semi-monthly deduction		Correct semi-monthly deduction			
Semi-monthly amount to refund	0.00	# of ck dts to refund		Total Amount	0.00
Begin ck dt of refund				End ck dt of refund	
Product		Payroll Code (PA, NA, etc)			
Incorrect semi-monthly deduction		Correct semi-monthly deduction			
Semi-monthly amount to refund	0.00	# of ck dts to refund		Total Amount	0.00
Begin ck dt of refund				End ck dt of refund	

Employee Signed SED-4 Required	Date faxed/mailed to employee
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(mm/dd/yy)

Refund request submitted by:

Phone No:

use 800# if available + extension

Date:

(mm/dd/yy)