PEEHIP RR
(6/16)

REFUND REQUEST

Public Education Employees' Health Insurance Plan
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Check One:
☐ Active Member
☐ Retired Member
☐ LOA/Termed Member
☐ COBRA/Survivor Member

Employee Name: _____

Social Security No.: _____ System: _____ PID: _____

Please refund insurance premiums as indicated below:

Amount to member: $ _____

Amount to system: $ _____

Month(s) to which refund applies: _____

Coverages: _____

Reason: _____

_____

Mail refund to: _____
Member Name

_____
Street Address or P. O. Box

_____
City State Zip

Mail refund to: _____
System Name

_____
Street Address or P. O. Box

_____
City State Zip

_____ _____
School System Date

_____
Signature of Official