

## 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](http://www.rsa-al.gov)

**Check One:**

- Active Member  
 Retired Member

Employee Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ System: \_\_\_\_\_

**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