



OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

MEMORANDUM

TO: Ohio Deferred Compensation

VIA FAX: 614-728-2601

FROM: Employer: _____
 Employer Contact: _____

SUBJECT: Refund Request

We request a refund of the amount(s) specified below for the named participant:

Employee Name: _____

Last 4 of SSN: **XXX-XX-** _____

Payroll Date(s): _____

Amount(s) to be Refunded: _____

The reason(s) for requiring this refund is/are (check one):

- Employee's check was voided
- Payment was made to Ohio Deferred Compensation but was not withheld from the employee's check
- Payment was made to Ohio Deferred Compensation for an amount other than what was withheld from the employee's check
- Employee was credited for a deduction withheld from another employee's check
 Indicate employee who should have been credited the deduction (if applicable):

Name: _____ Last 4 of SSN: _____

Other reason – please specify: _____

Signature

Date