PERS | PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

Request for Return for Overpayment of Contributions

*****Employers are prohibited from receiving a repayment after 12 months.****

Member / Employer Information

Employer Name:			
Contact Name:			
Contact Number:			
Email Address:			
Date of Request:			
Member Name:		**Member SSN:**	

Details of Overpayment

Period Covered (Month/Year):	
Date of Payment:	
Employee Amount Paid:	
Employer Amount Paid:	
Overpayment Amount:	

Reason for Overpayment

☐	Duplicate payment
☐	Incorrect computation of contributions
☐	Wrong remittance period
☐	Other (please specify):

Bank / Payment Details

Bank Name:	
Account Name:	
Routing Number:	
Account Number:	