



## Request for Refund 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:	