



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:	

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:	