



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

## MEMORANDUM

TO: Ohio Deferred Compensation

VIA EMAIL: [refunds@ohiodc.org](mailto:refunds@ohiodc.org)

FROM: Employer: \_\_\_\_\_  
Employer Contact: \_\_\_\_\_

SUBJECT: Refund Request

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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