

Memorandum

To: Ohio Public Employees Deferred Compensation Program
250 Civic Center Drive
Suite 350
Columbus, OH 43215

Fax: (614) 728-2601

From:

Subject: Refund Request

Date:

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

Employee Name:

SN:

Payroll Date(s):

Amount(s) Deferred:

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

Employee's check was voided

Payment was made to OPEDC but was not withheld from the employee's check

Payment was made to OPEDC 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

Other reason – please specify