



Individual Assurance Company • 2400 W. 75th Street • Prairie Village, KS 66208-3509
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pacific@iac-group.com

Group Life Request for Refund

Government Office Name: _____ Gov Office ID #: _____

Employee Full Name: _____

Employee SS# or ID#: _____

Please explain in detail the reason for your request for Refund of Premiums:

Beginning Date of Refund Request: ___/___/___
Ending Date of Refund Request: ___/___/___

Please provide supporting documentation for each payroll period between your beginning date and ending date of your refund request.

- Supporting Documentation must include one of or both of:
- o Copy of Each Check Stub showing the deduction
 - o Payroll Ledger listing itemization of each payroll period date and the deduction amount

Completed by: _____ Date: ___/___/___
 Please print

Phone #: ___-___-___ Fax #: ___-___-___

E-mail address: _____

**Please fax your request and supporting documentation to IAC Group at
913.236.0695**

Please e-mail pacific@iac-group.com if you need assistance in completing this form.