south carolina peba SM
state health plan | retirement systems

Serving those who serve South Carolina

Refund Request

Group number: _____ Date sent:_____

Agency processor:_____ Telephone number: _____

Subscriber name: _____ BIN: _____

Reason for overpayment: _____

Total amount due: _____

Insurance benefit	**Amount of refund**
Health	
Dental	
Dental Plus	
Optional Life	
Dependent Life-Spouse	
Dependent Life-Child	
Supplemental Long Term Disability	
Vision	
Tobacco surcharge	