PEBA
SC Retirement Systems and State Health Plan

South Carolina Public Employee Benefit Authority
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	$
Basic Dental	$
Dental Plus	$
Optional Life	
Dependent Life-Spouse	$
Dependent Life-Child	$
Vision	$
Supplemental Long Term Disability	$
Tobacco-use premium	