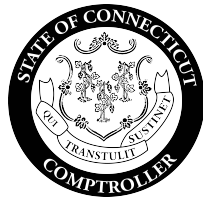


Repayment of Retiree Health Fund
 For Prior Service Credit
 CO-1302 (Rev. 8/2023)



HEALTHCARE POLICY &
 BENEFIT SERVICES DIVISION
 Employees: Return this form to your
 agency staff/ HR

Employee Information - For Rehired Employees Who Received Refund

A rehired employee who previously received a return of contributions to the Retiree Health Fund has 60 days after the date of rehire to elect to repay that amount. Unless you agree to repay refunded contributions in full or commence a repayment program within 60 days of returning to State service, you will irrevocably forfeit your right to receive credit for any prior service during which Retiree Health Fund contributions were collected.

EMPLOYEE INFORMATION	Employee Name (last, first, middle initial)	Employee Number	Job Record Number
	Street Address	Department ID	Social Security Number
	City, State, Zip Code	Date of Rehire	Date of Birth
	Personal email address	Office Telephone No.	Home Telephone No.
	Name & Address of Current Agency	Date of Refund	Refund Amount

AGENCY SECTION	List all prior service during which Retiree Health Fund contributions were made		
	AGENCY NAME	FROM	TO
	REPAYMENT METHOD Lump sum, paid on _____ <input type="checkbox"/> installments of \$ _____ per pay period until end date	ADJOPE START DATE ___ / ___ / ___	ADJOPE END DATE ___ / ___ / ___

EMPLOYEE ACKNOWLEDGEMENT:

I authorize the deduction of the above installments from my paycheck until the entire Refund Amount has been paid in full. I understand that payment of the above amounts is in addition to contributions to the Retiree Health Fund based on my current employment.

Employee Signature	Date
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AGENCY CERTIFICATION: I hereby certify that all of the information on this application has been verified and is correct.

Authorized Agency Signature	Title	Date
Agency Contact (Print Name)	Agency Contact Number	

Agencies: Mail completed form to OSC, 165 Capitol Avenue, Hartford, CT 06106

