SOUTHWESTERN OKLAHOMA STATE UNIVERSITY

ERRP REFUND REQUEST

By signing below, I understand:

1) SWOSU has received federal funding to assist employees, covered by SWOSU’s health insurance plan, reduce their health care expenses.
2) This reimbursement can be for medical costs related to:
   a) Copayments
   b) Deductibles
   c) Coinsurance
   d) Other out-of-pocket expenses
   e) Any combination of the above

3) I am certifying my request for reimbursement is for medical expenses which have not and will not be reimbursed by:
   a) SWOSU’s Section 125 medical reimbursement plan or other tax sheltered programs
   b) Other insurance plans
   c) Other providers such as the federal or tribal governments

4) I am certifying my request is for medical expenses incurred after January 1, 2012.

1-00098-1216-561110

Amount requested:$_____________________

Signature:________________________________

Date:____________________________________

Printed name:_____________________________

Address:__________________________________

City, State:_______________________________

(Approval by VPAF or Comptroller required)