

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)