

**REQUEST FOR REFUND**  
**FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**Bureau of Personnel Services**

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Deduction Code: \_\_\_\_\_ Group Number \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Additional Pay Periods: \_\_\_\_\_

Total Refund: \$ \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mail To: KRISTEN MITCHELL  
FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
BUREAU OF PERSONNEL SERVICES  
DIVISION OF ADMINISTRATIVE SERVICES  
2900 APALACHEE PARKWAY, MS 30  
NEIL KIRKMAN BUILDING, ROOM A413  
TALLAHASSEE, FLORIDA 32399-0500  
Phone: (850) 617-3298, Email: [employeebenefits@capitalins.com](mailto:employeebenefits@capitalins.com)

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Comments:

