

REQUEST FOR REFUND  
FLORIDA DEPARTMENT OF ELDER AFFAIRS

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

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

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

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

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

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

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

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

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

Mail To: KAREN VIRGADAMO  
FLORIDA DEPARTMENT OF ELDER AFFAIRS  
4040 ESPLANADE WAY  
TALLAHASSEE, FL 32399-7000  
Phone: (850) 413-0788, Email: virgadamok@elderaffairs.org

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Comments: