



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

REPAYMENT OF RETIREE HEALTH FUND FOR PRIOR SERVICE CREDIT

SUBMIT COMPLETED FORM TO YOUR AGENCY HUMAN RESOURCES/ PAYROLL OFFICE

CO-1302 Rev. 12/2019

Part I - General 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.

Table with 5 rows and 3 columns: EMPLOYEE INFORMATION, Employee Name, 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.

Table with 3 rows and 3 columns: AGENCY SECTION, List all prior service during which Retiree Health Fund contributions were made, AGENCY NAME, FROM, TO, REPAYMENT METHOD, 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

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

MAKE A COPY FOR YOUR RECORDS Return to OSC, Healthcare Policy & Benefit Services Division 165 Capitol Avenue, Hartford, CT 06106 E-mail: osc.opeb@ct.gov



CO-1302

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