Return of Funds Form

This form should be completed and attached to the OCFO email when funds are being returned to the FEHB & PSHB Programs. A separate form should be completed for each Funds Type selected below. Once complete please email form to ins-carriers@opm.gov, HI-Recoveries@opm.gov, your Contracting Officer, and Health Insurance Specialist. Email subject lines should clearly indicate Return of funds and the Plan Name and Number. (Return of Funds – Plan Name, Plan #)

Date funds returned

Funds Type Select One

Plan Name

Contract #

Total Amount Returned

Requesting funds to be deposited into Select One

Comments:

Note: If options are not applicable, the table does not need to be completed.

Plan Code	Select Option	Amount
	Select One	
	Select One	
	Select One	

If Audit related, Audit Number

Rec #	Amount

Rec #	Amount

Rec #	Amount

Signature of a Plan representative that has reviewed and confirmed funds have been returned.

Signature _____ Title _____ Date _____