



Individual Assurance Company
LIFE, HEALTH & ACCIDENT

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

5500 N. Western Avenue, Oklahoma City, Oklahoma 73118 ♦ 1.800.821.5434 ext. 422

GROUP LIFE INSURANCE REQUEST FOR REFUND

Group Number _____

Group/Employer Name: _____

Employee Full Name: _____

Employee SSN or ID#: _____

Eligible refund amounts will be returned to the Employer group. If a portion of the refund is due directly to the employee, the Employer is responsible for returning funds to the employee.

Reason(s) for Refund:

- Basic Life Insurance Cancelled
- Dependent Life Insurance Cancelled
- Premiums Deducted; No Insurance Requested
- Incorrect Premiums Deducted
- Other _____

Please provide specific detail regarding the refund request:

Attach copies of all documentation supporting the refund request. For example, Enrollment/Change Forms, Premium Submission Spreadsheets, etc. Actual premium paid can be verified via IAC systems.

Group Representative/Title: _____

Group Rep. Signature: _____

Telephone Number: _____

Email Address: _____

Group Address to
Mail Refund Check: _____

**Return completed form and documentation by placing a PDF copy in your secure IAC Portal.
For questions completing this form, email pacific@iaclife.com.**