

Request for Refund Authorization Form



Use this form to authorize an ACH refund to your account:

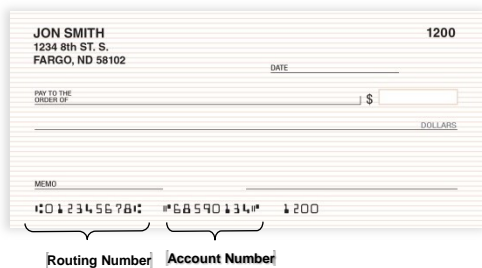
Participant's Name: _____
Last First M.I.

Employer: _____

Approved ACH Amount: \$ _____

Bank: _____ Checking Account: _____ Savings Account: _____

Routing Number: _____ Bank Account No.: _____



If you have questions, please contact Customer Service at 612-877-4321 or 800-300-1672 - Option #2

Authorization

I authorize 121 Benefits to transfer funds for a refund request.

Account Holder Signature: _____ Date: _____

Best way to contact you if we have questions: _____

Mail or Fax Completed Form to the Cobra Department:

Fax: 612.877.4323
Toll Free: 877.918.3622
Address: 121 Benefits
730 2nd Ave. South, Suite 400
730 Building
Minneapolis, MN 55402