MidAmerica
Administrative & Retirement Solutions, Inc.
211 East Main Street, Suite 100, Lakeland, FL 33801
800.430.7999 ♦ Fax 863.686.9727 ♦ www.midamerica.biz

Contribution Refund Request Form

To be completed by Plan Sponsor personnel

Plan Type: ☐ 3121 ☐ HRA ☐ Special Pay ☐ Employer Sponsored 403(b)		
Employer Name:		Contact Name:
Address:		City, State Zip:
Telephone Number:	Fax Number:	E-mail Address:

Contributions for the following employee(s) were mailed in error:

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

There will be no offsetting negative contribution. Please refund the total amount of $_____.
I understand that the refund will only be made payable to the Plan Sponsor.

_____ _____
Plan Sponsor Signature/Title Date

Please return this completed form to:
MidAmerica Administrative & Retirement Solutions, Inc.
Attn: Contribution Department
211 E. Main St., Suite 100, Lakeland, FL 33801
Fax: (863) 686-9727