

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 202

54772



Health Benefits Refund Payment Authorization

Instructions

This is to authorize payment to this employee for refund due on excess withholdings on health benefits premium from the OWCP compensation payments.

Name (Employee/Applicant)	Social Security Number
Address (City, State, ZIP + 4)	MSC Name
Health Benefits Code	Finance Number
Periods Covered	Amount to Be Paid
<i>(Office Use Only)</i>	Signature of Authorizing Official
	Approval by MSC Manager or Designee

PS Form 202, October 1984

1 - Injury Compensation