

Employer Contribution Refund Requests

Under the policy of the AGMA Health Fund & Retirement Plan (the “Funds”), employer contributions may be returned if the Funds’ Trustees (or their designee) determine, in their sole and absolute discretion, that the contributions were made by mistake of fact or law and that certain other conditions have been met. Please see the Funds’ “Policy and Guidelines for Refunds or Credits of Employer Contributions Made by Mistake of Fact or Law” (the “Refund Policy”) for further information. A copy of the Refund Policy may be obtained from the Fund office upon request.

Requests for refunds should be made in writing as soon as possible after the contributions at issue were due or made. Under the Refund Policy, mistaken contributions shall not, absent extraordinary circumstances, be returned or credited to an Employer more than twelve (12) months after the date such contributions were due or made, whichever is earlier. Mistaken contributions will also not be returned or credited in other circumstances, such as when the contributions at issue were applied to an amount that already has been distributed to a Participant or other beneficiary.

The Refund Policy further provides in part as follows:

The Employer shall have the burden of clearly proving that an overpayment of contributions has occurred; the amount of the overpayment; and that the overpayment was caused by a mistake of either fact or law. In fulfilling this burden, the Employer must, at a minimum, submit to the Trustees all necessary documentation and other evidence that the Employer believes supports its request, as well as any other information, explanation, documentation or evidence that the Trustees or their designee request in connection with their evaluation of the Employer’s request.

In addition, the Refund Policy provides that the Trustees and their designee may require any necessary documentation, included but not limited to the items listed in the form below, which we are providing in order to facilitate processing of refund requests. If you wish to request a refund, please fill out the form and send it, together with all supporting documentation, to AGMAFunds@cdsadmin.com through a secure email or Fax number below.

Please note that the information set forth herein is subject to the full terms of the Refund Policy, the Funds’ governing documents, and applicable law.

[Click here to view the Employer Refund Policy](#)

Employer Contribution Refund Request Form

Name of Employee	Social Security Number	Date(s) the Employee Performed work for which contributions were made	Amount of Over or Under payment	Termination Date	Date(s) of Over / Under Payment(s)	Employer's Detailed Explanation of the mistake of fact or law that caused the mistaken contribution
Total						

I hereby request a refund of the contribution overpayments described above.

Signature and Title

Date Signed

Employer Name: _____ Fund Office Approval _____

Return this form and all supporting documentation to AGMAFunds@cdsadmin.com through a Secure Email or Fax number below.