

From: [Vicki Tessmer](#)
To: [Keira Reiter](#)
Subject: FW: Board Approval for Refund
Date: Tuesday, October 13, 2015 2:24:26 PM
Attachments: [DOC037.PDF](#)

Vicki Tessmer
Supervisor, Board Records, Tax Deeds, and VAB
For Angelina "Angel" Colonnese
Clerk of the Circuit Court and Comptroller of Manatee County
www.manateeclerk.com
vicki.tessmer@manateeclerk.com
941-741-4081



"Pride in Service, with a Vision to the Future"

Florida has a very broad Public Records Law. This agency is a public entity and is subject to Chapter 119 of the Florida Statutes, concerning public records. E-mail communications are covered under such laws & therefore e-mail sent or received on this entity's computer system, including your e-mail address, may be disclosed to the public or media upon request

From: Janet SpenoBodner [mailto:janet.speno-bodner@mymanatee.org]
Sent: Thursday, September 17, 2015 8:33 AM
To: Vicki Tessmer
Cc: Pam Wingo; Tracie Dill; Wendy Dean; Melody Vilt
Subject: Board Approval for Refund

Good Morning Vicki:

EHB received a 2 month Cobra premium Credit Card payment from Ms. Robinson in the amount of 1168.92. She was paying for both July 2015 and August 2015. After payment was made, Ms. Robinson secured employment which offered health insurance effective August 1, 2015. Therefore, Ms. Robinson has requested a refund in the amount of 584.46, which is equivalent to the amount of her August 2015 premium payment.

I have attached an audit slip and payment received information.

Please place this item on the Board Agenda for approval.

If anything further is needed please feel free to contact me.

Thank you and have a nice day, Janet

Janet Speno-Bodner, MPA
Senior Fiscal Analyst
Manatee County Government
Employee Health Benefits Department
Phone: 941-748-7501, Ext. 6401
e-mail: janet.speno-bodner@mymanatee.org

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**Manatee County
Board of County Commissioners
Audit Slip**

AUDIT SLIP NUMBER

AS 1142701

Towana D Robinson
Vendor Name
Address
2465 Granada Cir. W
City State Zip Code
St. Petersburg, FL 33712-0000
Phone Number

I hereby certify that the materials or services have been received, inspected and found satisfactory for the purpose for which they were purchased.

(ONLY COMPLETE IF ITEMS HAVE BEEN RECEIVED)

[Signature] 7/22/15
Received by Date

[Signature]
Payment Authorized by:
FMD/EHB
Dept/Div
Janet
Contact Person
6401
Phone

REASON FOR PURCHASE Refund of Medical Cobra Overpayment

ITEM	GENERIC DESCRIPTION	QTY	UNIT	AMOUNT	ACCT KEY	OBJ	JL NUMBER	ACTIVITY
1	Overpayment of Cobra Med Prem. for August 2015 via Credit Card Payment Ms. Robinson paid for July and August 2015 She began a new job which offered med insurance effective 2015. She did not need the August ins. Therefore, refund needed.			\$584.46	5060000000	341243		
				\$584.46				

TOTAL AMOUNT \$ 584.46

FINANCE USE ONLY

DESC _____ PE ID _____ PO _____
 INV NUMBER _____ INV AMT \$ _____ INV DATE _____
 DUE DATE _____ TERMS _____ DISCOUNT _____ SEP CK _____
 RELATE CODES _____ SEC REF _____ DIVISION _____
 VENDOR ACCT# _____

MANATEE COUNTY
BOARD OF COUNTY COMMISSIONERS
LONESOME CASH RECEIPT

Receipt Date 6/19/2015

Batch # C 1507792

AS # 1142701

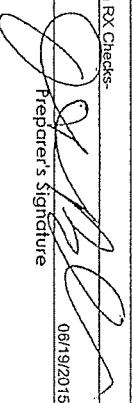
Batch File Name CRJ86198

Bank Deposit Date 6/19/2015

Division CAO/EHB

Amount Total \$1,228.92

DESCRIPTION	AMOUNT	ACCOUNT #
Jun-15		
Cobra Medical	\$1,168.92	5060000000-341243
Cobra Dental	\$0.00	5060000000-341244
Diabetes	\$0.00	5060000000-341240
Nutrition	\$0.00	5060000000-341240
Miscellaneous-	\$0.00	5060000000-369000
Refund of Retiree	\$0.00	506004102-545000
Payroll Exception Employee Health-	\$0.00	5060000000-341241
Payroll Exception Dependent Health-	\$0.00	5060000000-341227
Payroll Exception Employee Dental -	\$0.00	5060000000-341229
Payroll Exception Additional Life-	\$0.00	8020000000-202103
Payroll Exception Additional LTD-	\$0.00	8020000000-202102
Payroll Exception Additional Spouse Life-	\$0.00	8020000000-202103
Payroll Exception Additional Child Life-	\$0.00	8020000000-202103
Payroll Exception Health Care Spending-	\$0.00	8020000000-202100
NSF Check	\$0.00	5060000000-115800
NSF Fee	\$0.00	5060000000-369000
Provider Refunds-	\$0.00	5060000000-369018
Retiree Medical-Johnson, C	\$0.00	5060000000-341232
Retiree Dental	\$0.00	5060000000-341234
EH&B Fitness	\$0.00	5060000000-341240
Lamp Clinical	\$60.00	5060000000-341240
Lamp Tobacco Cessation	\$0.00	5060000000-341240
Lamp Wellness	\$0.00	5060000000-341240
Fitness	\$0.00	5060000000-341240
GT Bray Fitness	\$0.00	5060000000-341240
Subrogation Payment-	\$0.00	5060000000-364404
Subrogation Fee-	\$0.00	506004100-531000
Stop Loss -	\$0.00	5060000000-369044
Optum RX Checks-	\$0.00	5060000000-369018



Preparer's Signature 06/19/2015

Credit Card
Bank Bag #

B/ AS # 1142701

MANATEE CO EHB ADMIN
5213 4TH AVE CIR E.
BRADENTON, FL 34208

06/18/2015 11:06:53
MID: 000000003821991 TID: 05817207

DEBIT CARD
EDS SALE

CARD # XXXXXXXXXXXX8728
INVOICE 0003
SEQ #: 0003
Batch #: 000123
Approval Code: 360152
Entry Method: Swiped
Mode: Online

SALE AMOUNT \$30.00

Signature Not Required

MERCHANT COPY

LAMP

MANATEE CO EHB ADMIN
5213 4TH AVE CIR E.
BRADENTON, FL 34208

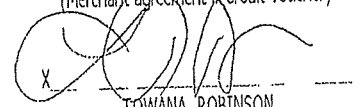
06/18/2015 11:26:19
MID: 000000003821991 TID: 05817207

CREDIT CARD
MC SALE

CARD # XXXXXXXXXXXX7736
INVOICE 0004
SEQ #: 0004
Batch #: 000123
Approval Code: 08002P
Entry Method: Swiped
Mode: Online

SALE AMOUNT \$1168.92

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if Credit Voucher)

X 
TOWANA ROBINSON

Cobra med July + Aug Pymt

MERCHANT COPY

MANATEE CO EHB ADMIN
5213 4TH AVE CIR E.
BRADENTON, FL 34208

06/18/2015 09:52:30
MID: 000000003821991 TID: 05817207

DEBIT CARD
EDS SALE

CARD # XXXXXXXXXXXX0208
INVOICE 0001
SEQ #: 0001
Batch #: 000123
Approval Code: 132201
Entry Method: Swiped
Mode: Online

SALE AMOUNT \$15.00

Signature Not Required

MERCHANT COPY

LAMP

LAMP

MANATEE CO EHB ADMIN
5213 4TH AVE CIR E.
BRADENTON, FL 34208

06/18/2015 10:22:00
MID: 000000003821991 TID: 05817207

DEBIT CARD
EDS SALE

CARD # XXXXXXXXXXXX2825
INVOICE 0002
SEQ #: 0002
Batch #: 000123
Approval Code: 532523
Entry Method: Swiped
Mode: Online

SALE AMOUNT \$15.00

Signature Not Required

MANATEE CO EHB ADMIN
5213 4TH AVE CIR E.
BRADENTON, FL 34208

06/19/2015 07:40:03
Merchant ID: 00000003821991
Terminal ID: 05817207
Batch #: 000123

CREDIT DETAILS

INV #	TRAN TYPE	CARD #	AUTH	DATE	STAT
TOTAL					
0001	DB SALE	XXXXXXXXXX0208	32201	0618	
\$15.00					
0002	DB SALE	XXXXXXXXXX2825	532523	0618	
\$15.00					
0003	DB SALE	XXXXXXXXXX8728	360152	0618	
\$30.00					
0004	MC SALE	XXXXXXXXXX7736	08002P	0618	
\$1168.97					

AS# 1142701

MANATEE CO EHB ADMIN
5213 4TH AVE CIR E.
BRADENTON, FL 34208

06/19/2015 07:38:39
Merchant ID: 00000003821991
Terminal ID: 05817207
Batch #: 000123

CREDIT
CARD TYPE TOTALS

TYPE	# of INVOICES	TOTAL
MC	001	\$1168.92
VISA	000	\$0.00
DCI-DISC	000	\$0.00
JCB-DISC	000	\$0.00
EDS	003	\$60.00
DISCVR	000	\$0.00

AS # 1142701

Sort Order: Batch ID then by Account ID then by AR-REP

ACCOUNT NUMBER / UT Account Numb	Echo ACCOUNT NUMBER	Description	Fin Code	Receipt	AR Reference	Pay & Bk	Tax Cd &	Amt	Rech
Amount	ID & Text Ptr & Format	Name	Prep ID	Ref Dc	PO Reference	Bk Slip#	Tax Cd &	Amt	Hit
	Div & Term & Misc & Post Code	Echo Div & Term	Batch ID	Due Dc	Product ID	Dep. Dc.	Duty Cd &	Amt	N/R?
			Rel. Cd.	Bill Dt	Pay Reference	Disc. Amt	Chg. Cd &	Amt	
506-0000000-341243	NB	Health Self Ins	SJ	RC436864				0.00	1
1,168.92		COBRA MEDICAL		06/19/15				0.00	N
	03		CI507792					0.00	
506-0000000-341240	NB	Health Self Ins	SJ	RC436865				0.00	2
60.00		LAMP CLINICAL		06/19/15				0.00	N
	03		CI507792					0.00	

System Total

Total for Wire Transfer WT 0.00
 Total for Phone PH 0.00
 Total for Lockbox LB 0.00
 Total for Check CK 0.00
 Total for Charge Card CG 0.00
 Total for Cash CA 0.00
 Total for Auto Clear House AC 0.00
 Total for DISCOVER CARD DS 0.00
 Total for DEP TICKET DT 0.00
 Total for DRAFT FT 0.00
 Total for MASTERCARD/VISA MV 0.00
 Total for ACCT CORR OR 0.00
 Total for PAYMODE PM 0.00
 Total for PRIOR SYSTEM CDS PS 0.00
 Total for SCANNED CKS SC 0.00
 Total for WEBSITE PMT WB 0.00
 Total for Unspecified ' ' 1,228.92

Batch ID: CI507792 System Computed Total: 1,228.92

User Computed Total: 1,228.92

TOTALS MATCH

GRAND TOTAL System Computed Total: 1,228.92

User Computed Total: 1,228.92

TOTALS MATCH

Final Budget Check

No Budget Errors

AS # 1142701

Wendy Dean

From: Wendy Dean
Sent: Thursday, July 02, 2015 2:48 PM
To: Janet SpenoBodner
Subject: COBRA refund

Hey!
I have the file for the refund for Towana Robinson who paid for two month's on her credit card and only needed one.
When you get back and settled lets chat.

Welcome Back!!

Wendy Dean
Manatee County Government
Benefits Specialist
941-748-4501 ext. 6404
941-741-2980 fax

Refund
In August 2015
Colma 46
\$ 584.
Refund amt