

Department Name  
Division Name  
Mailing Address  
Phone number: (941) XXX-XXXX



## MEMORANDUM

To: Vicki Tessmer, Supervisor, Board Records  
From: Janet Bodner, Sr. Fiscal Analyst, EHB  
Date: September 17, 2019  
Subject: Refund Request

### Refund Request Information

#### Petitioner

Robert Sanchez  
2505 Hermitage Blvd., Venice Florida 34292

#### Reason for Request

Manatee County Retiree Robert Sanchez has termed all insurance coverage for himself and his family. The change was effective 08/31/2019. The notification of the change was not received by Employee Health Benefits till after the FRS deduction for premiums were received by EHB for September 2019.

#### Payment Information

<b>Medical Refund Amount:</b> \$1675.62	<b>Dental Refund Amount:</b> \$75.00
<b>Fee Description:</b> Medical Insurance Premium	Dental Insurance Premium
<b>Date of Original Payment:</b> 08/30/2019	08/30/2019
<b>Record/Invoice/Account #</b> 5060000000 341232	5060000000 341234
<b>TOTAL REFUND DUE: \$1,750.62</b>	

#### Authorization

Janet Bodner approved this refund request on 09/17/2019.

#### Disclaimer

In an attempt to protect individual privacy and to adhere to Payment Card Industry security standards, backup information for this transaction has been omitted. You may request materials related to this transaction by making a Public Records request online at [www.mymanatee.org/records](http://www.mymanatee.org/records) or by calling (941) 742-5845.