

**5220.2580 CLAIM FOR REFUND FROM EMPLOYEE OR DEPENDENT;
OVERPAYMENTS.**

Subpart 1. **Request for refund.** All requests for refunds or reimbursements by an insurer for payments made under a mistake of fact or law, which were allegedly not received by an employee or dependent in good faith, must be made in writing to the employee with a copy immediately mailed to the attorney representing the employee or dependent, if any, and upon request to the division.

Subp. 2. **Contents of request.** All requests must contain the following information:

- A. amount of alleged overpayment;
 - B. what the original payment was made for;
 - C. the date on which the payment was made;
 - D. the mistake of fact or law which forms the basis for the claimed overpayment;
 - E. the reason the insurer believes the payments were not received in good faith;
- and

F. a statement informing the employee that, if the employee has any questions regarding the legal obligations to repay any claims for overpayment alleged to have not been received in good faith, the employee should contact either a private attorney or the division.

Subp. 3. **Overpayments.** The insurer that overpaid benefits that were received by the employee in good faith may take the credit allowed under Minnesota Statutes, section 176.179, after giving notice to the employee of the information in subpart 2, items A to F. Benefits paid pursuant to Minnesota Statutes, section 176.239, subdivision 3, are not overpaid benefits unless so ordered by a compensation judge under Minnesota Statutes, section 176.239, subdivision 9.

Statutory Authority: *MS s 175.17; 175.171; 176.83*

History: *11 SR 1530; 18 SR 2546*

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