

VALIDATION OF CHECKS CANCELLED PRIOR TO JULY 1, 2008

INSTRUCTIONS

1. Read the "Notice to Claimant" section prior to completing the form.
2. Complete the requested information in the "Claimant Information" section of the form.
3. Have the claim statement notarized.
4. Return the completed form to:

Office of Systems Management
Central Systems Responsibilities
700 SW Harrison St, Ste 300
Topeka, Ks. 66603-3974

5. Results of claim review.

**NOTE: ITEMS 2, 3 AND 4 MUST BE COMPLETED IN ENTIRETY.
(INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.)**

1. NOTICE TO CLAIMANT

The purpose of this form is to document your claim. If the claim is verified to be valid, it will be submitted to unclaimed property or the appropriate agency where you will need to file your claim. Due to the age of the documents involved it may not be possible to validate your claim. There is no recourse if we cannot verify that the check was escheated and that no claim was previously filed.

Please attach a copy of the check.

It is possible that the reissuing agency will charge a fee to reissue the check.

2. CLAIMANT INFORMATION (Please Print or Type)

(MUST BE COMPLETED)

Name _____

Tax ID No. (SSN or FEIN) _____

Address _____

Telephone Number (____) _____

E-Mail _____

3. CLAIM INFORMATION

(MUST BE COMPLETED)

Check Number _____

Check Date _____

Check Amount _____

Check Type
(if known)

- _____ 1 - Payroll
- _____ 2 - Miscellaneous
- _____ 4 - Benefit
- _____ 5 - Tax
- _____ 6 - Cenpay

(Continued on Reverse Side of Form)

4. CLAIM NOTARIZATION

(MUST BE COMPLETED)

I do solemnly, sincerely, and truly declare and affirm that I have read the preceding claim and know the contents thereof and the same are true and correct; and this I do under the pains and penalties of perjury.

Claimant Signature _____

STATE OF _____)

COUNTY OF _____)

Signed and sworn to (or affirmed) before me on (date) _____

by _____.

(Name of Person Making Declaration)

(Notary Public)

(My Appointment Expires: _____)

5. Results of Claim review (Office of Systems Management Use)

Original Check Information:

Agency No _____ Amount _____

Was a claim filed? _____ What is the status of the prior claim? _____ If the claim was paid previously, then this claim is not valid.

Was check cancelled prior to escheatment, what date: _____ If yes, then the claim is not valid.

Check was previously reissued:

Reissued Check Number _____ If check was reissued the claim is not valid.

Reissued Date _____

Amount of Check _____

Date Cashed _____

The claim is valid? Yes _____(see below) No _____(see below)

If the answer is yes, which entity settles the claim?

____ Unclaimed Property kansasstatetreasurer.com

____ The Department of Labor

____ Dept. of Children and Families

____ KPERS

____ Dept. of Health and Environment

____ Other _____