



STATE OF NEW YORK

NOTIFICATION AND CLAIM TO OWNER OF UNCASHED NEW YORK STATE PAYROLL CHECK(S)

September 20, 2024

Corrected Address:

EMPLOYEE NAME
EMPLOYEE ADDRESS
CITY, NY 00000-0000

Three horizontal lines for address correction.

NYSEMPLID: N0XXXXXX

Payee:
FIRST NAME, LAST NAME

Our records indicate the below referenced check(s) were issued by New York State to the payee noted above and have not been cashed. If you have these check(s) in your possession, please cash them immediately.

If you do not have these check(s) in your possession, complete steps 1 through 5 to request replacement check(s). If all steps are not completed, replacement checks may not be issued. Return this entire letter by October 18, 2024.

- 1. Is your address correct? YES NO
2. Put an 'X' to the left of each payment for which you, or someone for whom you are authorized to make claim on behalf of, are entitled and would like a replacement check issued.

Table with 7 columns: Check #, Issue Date, Amount, Check #, Issue Date, Amount. Contains two rows of check data.

- 3. Are you authorized and claiming these payment(s) on behalf of someone other than yourself? YES NO
IMPORTANT NOTE: If you are claiming on behalf of someone who is deceased, you must enclose an original copy of the death certificate and completed Next of Kin Affidavit.

4. Sign the below attestation:

Attestation box containing a certification statement and signature lines for the payee/representative and date, plus a contact phone number field.

- 5. Return this ENTIRE letter to: AGENCY NAME
AGENCY STREET ADDRESS.
CITY, NY ZIP CODE

If these check(s) are not cashed, they will be considered abandoned property and shall be turned over to the Office of Unclaimed Funds at the Office of the State Comptroller. After April 2025, you must contact the Office of Unclaimed Funds (http://www.osc.state.ny.us/ouf/index.htm) to claim these funds.