

Affidavit – For Lost or Stolen Checks

Date: _____

Member/Participant Name: _____

Employer of Record (EOR) Name: _____

EOR Address: _____

Check Payee (The Name of the Employee/Vendor that the check is for):

Payee (Employee/Vendor) Address:

Check Date: _____ Check Number: _____

Check Amount: _____

Was the check ever received? Yes _____ No _____

If yes, who received the check? _____

Has the EOR's address changed? Yes _____ No _____

If the check is for an employee, has the employee's address changed?

Yes _____ No _____

If the check was received, was it lost? Yes _____ No _____

If the check was lost, please provide a description of what happened. Please include as many details as you can. If possible, include when, where and how the check was lost:

If the check was received, was it stolen? Yes _____ No _____

If the check was stolen, please provide more information about what happened. Please include as many details as you can. If possible, include information about when, where and how the check was stolen:

Was a police report filed? Yes _____ No _____

If you have contacted the police and filed a report, please attach a copy of the police report.

If no police report was filed, please explain why no report was filed:

I certify that I do not have the above-listed check and that I either never received it or that it has been lost or stolen. I also certify that I have not given anyone else my permission to cash/use this check. I certify that I have no knowledge of anyone that may have received this check and I do not know of anyone that may try to use it. I also certify that I have not received any part of any money/payment for this check.

If I receive or find the check, I agree that I will NOT try to use the check and that I will immediately return the check to CONDUENT (PO Box 27460, Albuquerque, NM 87125-9876). I understand if I find or receive the check after I have completed this form, I will contact CONDUENT immediately (1-866-916-0310) and I will NOT try and use the check. I understand that if I try and use the check after I have completed this form, it may be considered fraud and I may be required to pay significant costs and damages since I reported the check as lost and then later tried to use it. I also understand these costs and damages may be charged on my (the participant's) Service and Support Plan (budget).

Acknowledged and Agreed to:

To be completed by the Provider (Employee or Vendor)

Employee/Vendor Signature: _____

Date: _____

Employee/Vendor Name Print: _____

Contact Phone Number: _____

To be completed by the Member/Participant (or legally authorized representative)

Member/Participant Signature: _____

Date: _____

Member/Participant Name Print: _____

Contact Phone Number: _____

To be completed by the Employer of Record (EOR)

Employer of Record Signature: _____

Date: _____

EOR Name Print: _____

Contact Phone Number: _____

After this form has been signed by the Vendor/Employee, Member/Participant, and the EOR, please send this form to CONDUEMENT for processing. This form may be faxed to CONDUEMENT at 1-866-302-6787 or it may be mailed to: CONDUEMENT-Mi Via, PO Box 27460, Albuquerque, NM 87125-9867. If you have any questions, please call the CONDUEMENT Help Desk at 1-866-916-0310.