



STATE OF MINNESOTA LOST CHECK AFFIDAVIT

Employee Name: _____

Employer: State of Minnesota

Date: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Thank you for contacting 121 Benefits. In order that we may process your request to reissue your reimbursement check, please read and sign the following:

By signing this agreement, I certify that I have not received or cashed the check referenced above. I also agree that I will not cash the original check should I receive it after signing this agreement.

Agreed and accepted:

Signature: _____ Date: _____

Daytime Phone Number: _____

Note: You may sign up to have all future reimbursements directly deposited into your personal banking account. To do so, you may add your banking information on our website www.121benefits.com or complete a direct deposit form and mail or fax to 121 Benefits. A direct deposit form is located on our website.

Return this form to:

121 Benefits | 730 2nd Ave. S., Ste. 400 | 730 Building | Minneapolis, MN 55402
T 612.877.4321 | F 612.877.4322 | www.121benefits.com | Rev: 12/2018

