



LOST CHECK AFFIDAVIT

Employee Name: _____

Employer: _____

Date: _____

Check Number: _____

Check Date: _____

Check Amount: _____

REQUEST FOR REISSUE OF A REIMBURSEMENT CHECK

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.

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.

AGREED AND ACCEPTED

Employee Signature: _____ Date: _____

Daytime Phone Number: _____

FAX THIS FORM TO:

612.877.4323 or TOLL FREE: 844.855.5501

Or MAIL THIS FORM TO:

121 Benefits | 730 2nd Ave. S., Ste. 400 | 730 Building | Minneapolis, MN 55402
