



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO
DIRECTOR

REPLACEMENT CHECK AFFIDAVIT

Return of this form is voluntary; however, failure to provide requested information will result in actions taken by the Unemployment Insurance Agency (UIA) based on available information.

Check number _____ issued on _____ in the amount of \$ _____ was either lost, stolen, or never received. To allow sufficient time for the Postal Service to return undeliverable mail, this affidavit will not be processed until 10 business days from the date the check was mailed. If the check is returned by the Postal Service, the check will be re-mailed to the corrected address. Check your local Postal Service regarding the lost check. Once reported lost or stolen you may no longer cash the original check.

If the lost or stolen check is found or received after this form is completed, immediately call UIA Customer Service at 1-866-500-0017. TTY customers call 1-866-366-0004. **DO NOT** cash the original check. There are criminal penalties for cashing a check reported lost or stolen.

All requested information must be completed in order to process your claim for a replacement check. This affidavit will be investigated thoroughly. Do not use photocopied signatures. Verify your name and address. Request a separate affidavit for each check being reported lost or stolen. Keep a copy of this form for your records. Return the original form to Unemployment Insurance Agency, Trust Fund Accounting, 3024 W. Grand Blvd., Suite 12-150, Detroit, MI 48202.

Penalties

It is against state law to intentionally make false statements or conceal material information in this affidavit. You may be subject to administrative, civil and criminal penalties.

If your address changes, it is important to update it with the Unemployment Insurance Agency.

If you have questions, contact UIA Customer Service at 1-866-500-0017. TTY customers call 1-866-366-0004.

Complete this form using an ink pen.

I _____, being sworn, declare that the information given by me is true to the best of my knowledge and belief and that I am competent to testify to the following facts:

First and Last Name

Enter your current mailing address:

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>M.I.</small>	<small>Telephone Number</small>
_____		_____	_____
<small>Mailing Address</small>		<small>(Apt/Lot#)</small>	<small>City State Zip Code</small>

Employers enter current physical business address:

_____	_____	_____
<small>Employer Name</small>	<small>Employer Account Number</small>	<small>Telephone Number</small>
_____		_____
<small>Physical Address</small>		<small>(Apt/Lot#) City State Zip Code</small>



1. I am the person named as the payee or responsible party for check number _____ in the amount of \$ _____.
2. Payment type: Debit Card Direct Deposit UIA Check Tax Refund Restitution Refund
 Alternate Payee
3. If payment type was UIA Check, was the check listed endorsed? Yes No
4. Was the check: Lost Stolen Never Received
5. Is payment(s) still owed to you? Yes No If yes, explain:

If a duplicate check is issued and the check listed is received, found, or returned, immediately return the check to: Unemployment Insurance Agency, Trust Fund Accounting, 3024 W. Grand Blvd., Suite 12-150, Detroit, MI 48202.

This form must be signed by an UIA employee or notarized by a Notary Public. Do Not sign until instructed to do so by a Notary Public or UIA employee.

I understand that the law provides penalties, fine, imprisonment and/or community service for any false statement. The information reported by me is true and correct to the best of my knowledge and belief.

Signature

Date

To be completed by Notary Public:

Subscribe and sworn in before me on
this ____ day of _____, 20__

Signature of Notary Public

Printed Name of Notary Public

_____ County, ____ State

My commission expires _____

OR

To be completed by UIA Employee:

Authorized Agent for the State of Michigan

Signature of UIA Employee

Printed Name of UIA Employee

Date

For Office Use Only

Check has not been cashed. Replacement check will not be issued due to an overpayment of the involved weeks.

Partial Replacement may be issued.

This check is involved in an overpayment.
 Yes No

Weeks Involved in Overpayment.