State of Kansas

Department of Administration

Office of Systems Management

AR-95 (Rev. 11-13)

**VALIDATION OF CHECKS CANCELLED PRIOR TO JULY 1, 2008**

**INSTRUCTIONS**

1. Read the "Notice to Claimant" section prior to completing the form.

1. Complete the requested information in the "Claimant Information" section of the form.

3. Have the claim statement notarized.

4. Return the completed form to:

 Office of Systems Management

 Central Systems Responsibilities

 700 SW Harrison St, Ste 300

 Topeka, Ks. 66603-3974

5. Results of claim review.

**NOTE: ITEMS 2, 3 AND 4 MUST BE COMPLETED IN ENTIRETY.**

**(INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.)**

**1. NOTICE TO CLAIMANT**

The purpose of this form is to document your claim. If the claim is verified to be valid, it will be submitted to unclaimed property or the appropriate agency where you will need to file your claim. Due to the age of the documents involved it may not be possible to validate your claim. There is no recourse if we cannot verify that the check was escheated and that no claim was previously filed.

Please attach a copy of the check.

It is possible that the reissuing agency will charge a fee to reissue the check.

**2. CLAIMANT INFORMATION** (Please Print or Type) **(MUST BE COMPLETED)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Tax ID No. (SSN or FEIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. CLAIM INFORMATION (MUST BE COMPLETED)**

Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Check Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Check Type \_\_\_\_\_\_ 1 - Payroll

       (if known) \_\_\_\_\_\_ 2 - Miscellaneous

 \_\_\_\_\_\_ 4 – Benefit

 \_\_\_\_\_\_ 5 – Tax

 \_\_\_\_\_\_ 6 – Cenpay

(Continued on Reverse Side of Form)

**4.** **CLAIM NOTARIZATION (MUST BE COMPLETED)**

 I do solemnly, sincerely, and truly declare and affirm that I have read the preceding claim and know the contents thereof and the same are true and correct; and this I do under the pains and penalties of perjury.

 Claimant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Signed and sworn to (or affirmed) before me on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Name of Person Making Declaration)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Notary Public)

 (My Appointment Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **Results of Claim review (Office of Systems Management Use)**

Original Check Information:

Agency No \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a claim filed? \_\_\_\_\_\_\_\_\_\_\_\_What is the status of the prior claim? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the claim was paid previously, then this claim is not valid.

Was check cancelled prior to escheatment, what date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, then the claim is not valid.

Check was previously reissued:

Reissued Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If check was reissued the claim is not valid.

Reissued Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Cashed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The claim is valid? Yes \_\_\_\_\_\_\_(see below) No\_\_\_\_\_(see below)

If the answer is yes, which entity settles the claim?

\_\_\_\_\_Unclaimed Property kansasstatetreasurer.com

\_\_\_\_\_The Department of Labor

\_\_\_\_\_Dept. of Children and Families

\_\_\_\_\_KPERS

\_\_\_\_\_Dept. of Health and Environment

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_