



Flexible Spending Accounts Program Lost Check Claim Affidavit

See Submission Instructions Below:

(212)306-7760
1(888)400-0623 (Outside NYC)
nyc.gov/fsa



I, _____, being duly sworn do hereby say that the following check was never received or was received and subsequently lost or destroyed.

Issued: ____/____/____ Amount: \$ _____

Check One: ☐ Dependent Care Assistance Program (DeCAP) **or** ☐ Health Care Flexible Spending Account

I have not sold, assigned or transferred said check, or amount due thereon, to any person or party whatsoever. I have not received cash or other consideration for said check and I am still the sole owner of and entitled to receive the full amount thereof.

I make this affidavit to induce the issuance to me of a duplicate check to take place of, and in the same amount as, the missing one; should said missing check, at any time, come into my hands, I will not present it for payment; I will return it to the Flexible Spending Accounts Program for immediate cancellation. I understand that if I present the original check for payment, and it is paid, the Flexible Spending Accounts Program reserves all of its rights and remedies, including the right to offset the amount from any account I may have with any financial institution, or with the Flexible Spending Account Program itself, or from my pension funds.

LAST NAME															FIRST NAME															MI	
CURRENT ADDRESS (STREET AND NUMBER)															APT																
CITY															STATE		ZIP CODE				PLUS FOUR										
SIGNATURE															DATE																
Sign in presence of notary															/		/		/												

Statement of Notary

Important: If this form is being notarized outside of the United States, notarization must be performed by the U.S. Consulate.

State of _____)
:SS.:
County _____)

On _____ * before me, the undersigned, personally appeared _____
personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Signature and office of individual taking acknowledgment)

* The date you sign the form must match the date on which the signature is notarized.

Return to:

Mail	Express Mail	Electronically
New York City Flexible Spending Accounts P.O. Box 707 Bowling Green Station New York, NY 10274	New York City Flexible Spending Accounts 22 Cortlandt Street, 28 th Floor New York, NY 10007	Flexible Spending Accounts (FSA) https://nyc-mbf.leapfile.net

DO NOT WRITE BELOW THIS LINE

☐ APPROVED

Flexible Spending Accounts Administrative Office

OLR Financial Management