UIA 1731
(6-2015)

Rick Snyder
GOVERNOR

State of Michigan
Talent Investment Agency
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

Authorized by
MCL 421.1, et seq.

Replacement Check Affidavit

S.S. Number: ☐☐☐ ☐☐ ☐☐☐☐

Please print using black ink only.

Last Name: _____ First Name: _____

CURRENT MAILING ADDRESS

Street Address: _____ Apt./Lot# _____

City: _____ State: _____

Zip Code: _____ Telephone Number: (_____) _____

Items 1 and 2 are to be completed by UIA staff only

1. Is the person requesting the replacement check the named payee on the original disbursement? Yes ☐ No ☐

Debit Card	Direct Deposit	U. I. Check	Tax Ref.	Rest. Ref.	Alt. Payee
☐	☐	☐	☐	☐	☐

External Check#	Date of Issue	Check Amount
_____	_____	_____

2. Is there an overpayment involved with this check?.....Yes ☐ No ☐ **If "yes," explain on reverse side.**

Trust Fund Accounting Only

☐ Check has not been cashed. Replacement check will not be issued due to overpayment for week(s) involved. Take necessary action.

_____ / _____
By Date

RICC Center Use Only:

Contact person for Correspondence

_____

DET	SAG	GR	LAN
☐	☐	☐	☐

3. If the original payment was issued by check, was the check ☐ **endorsed** ☐ **not** endorsed ☐ **not applicable**.

4. I believe the payment was: ☐ **lost** ☐ **stolen** ☐ **never received.**

5. Benefits ☐ **are** ☐ **are not** still owed to me. Explain on reverse side.

6. The payment was issued to me on behalf of a claimant who is deceased or mentally incompetent. ☐ YES ☐ NO
If "Yes", provide the Social Security Number of the deceased or mentally incompetent claimant in the space provided at the top of this form, along with your name, current mailing address and telephone number.

7. If a duplicate check is issued and the original check referred to above is **received, found, or returned**, I will *immediately* return same to: **UIA Manager, Trust Fund Accounting, 3024 W. Grand Blvd., Ste #13-350 Detroit, MI 48202.** If a duplicate is not issued and said check is received, found, or returned, I will immediately notify UIA.

I am aware that the law provides for penalties including fine(s) and/or imprisonment and/or community service for any intentional false statement or failure to provide information.

Being first sworn, I declare that I am the individual identified above, and that the information given by me is true to the best of my knowledge and belief.

YOUR SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____
Month / Year

_____
NOTARY PUBLIC SIGNATURE OR AUTHORIZED STATE AGENT

☐ AUTHORIZED AGENT OF _____
(State)

OR

☐ NOTARY PUBLIC _____ COUNTY, _____
(State)

MY COMMISSION EXPIRES _____

EXPLANATION:

Penalties for Making False Statement or Representation

If it is determined that a person, employing unit, owner, director, officer, or agent of an employing unit, a claimant, employee of the unemployment agency, or any other person who makes a false statement or representation knowing it to be false, knowingly and willfully with intent to defraud, fails to disclose a material fact to obtain or increase a benefit or payment, prevent or reduce a benefit payment to an individual entitled thereto, avoid becoming or remaining a subject employer, reduce a contribution rate or other payment required, or violates or intentionally fails to comply with any provision of the act, is subject to any or all the following in accordance with Section 54 and 62(b) of the Michigan Employment Security Act :

- Imprisonment
- Community service
- A combination of imprisonment and community service
- Double, triple or quadruple damages
- A fine of not less than $1,000.00
- Cancellation of the entire benefit year resulting in additional repayment of benefits previously paid

Instructions for Completion When Form is Mailed

UIA has been notified that an issued check, identified in Item 1, was either lost, stolen, or never received by you. To allow sufficient time for the Postal Service to return undeliverable mail, this affidavit will not be processed until TEN (10) business days from the date the check was mailed. If returned by the Postal Service, the check will be remailed to the corrected address. Items 1 through 4 (and item 6 if applicable) on the reverse side must be completed in order for your claim to be processed.

THIS FORM MUST BE NOTARIZED OR AUTHORIZED BY A STATE AGENT

If the check identified in Item 1 was endorsed, it can be cashed by anyone. It is your loss if you do not receive the proceeds. However, the UIA will provide you with a photocopy of the check to assist in any action taken against the party who wrongfully received the value of the check(s).

If the check was lost or stolen while in the custody of the U.S. Postal Service, the matter should be referred to the postal authorities for investigation.

If the lost or stolen check is found or received after this form is completed, ***immediately*** call our Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004). **DO NOT** cash the original check unless UIA staff grants permission. There are criminal penalties for cashing a check reported lost or stolen.

All facts must be presented in this affidavit because the matter must be investigated thoroughly. Do not use photocopied signatures. Verify your name and address. **Use black ink to fill in all blanks**. Request separate affidavits for additional checks. Adding entries to Item 1 will make this form unacceptable. Return the original with an original signature to:

Unemployment Insurance Agency
Trust Fund Accounting
3024 W. Grand Blvd., Ste. #13-350
Detroit, MI 48202