



EMPLOYEE BENEFITS



STATE OF MINNESOTA LOST CHECK AFFIDAVIT

Employee Name: _____

Employer: _____

Date: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Thank you for contacting Eide Bailly Employee Benefits. In order that we may process your request to reissue your reimbursement check, please read and sign the following:

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.

Agreed and accepted:

Signature: _____ Date: _____

Daytime Phone Number: _____

Note: You may sign up to have this and all future reimbursements directly deposited into your personal banking account. To do so, you may add your banking information on our website www.eidebaillybenefits.com/som or complete a direct deposit form and mail or fax to Eide Bailly. A Direct Deposit Form is located on our website: www.eidebaillybenefits.com/som.

Return this form to: Eide Bailly Employee Benefits • 5601 Green Valley Drive, Suite 710 •
Minneapolis, Minnesota 55437-1145 • Fax: 952-918-3622 • Phone: 952-944-6633 800-300 1672
www.eidebaillybenefits.com/som