



P.O. Box 349
 Augusta, ME 04332-0349
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 Fax: (207) 512-3101
 TTY: (207) 512-3102

APPLICATION FOR DUPLICATE CHECK

Please complete this form and return it to the Maine Public Employees Retirement System,
 P.O. Box 349, Augusta, Maine 04332-0349.

I am informed that Maine Public Employees Retirement System issued:

Check #: _____ Dated: _____ In the amount of: _____

To: _____ SS#: _____

Please check one:

I hereby represent that this check has:

Not been received

Been lost

Been destroyed

and has not been negotiated by the payee or by anyone on behalf of the payee. I agree to surrender this check to the Maine Public Retirement System (MainePERS) promptly for cancellation if it should at any time come into my possession or under my control.

I hereby agree to indemnify MainePERS against any losses and expenses by my failure to surrender the check in the event it comes into my possession or under my control. By signing this document, I attest that the information I am providing is accurate.

Signature

Date

Address (if different than above)

Address (if different than above)

FOR MAINEPERS USE ONLY	
<input type="checkbox"/>	Benefits Payroll
<input type="checkbox"/>	Refund