



Unclaimed Property Desk/Treasury
 165 Court Street
 Rochester, NY 14647

UNCLAIMED FUNDS Claim Form

A nonprofit independent licensee of the Blue Cross Blue Shield Association

CLAIMANT INFORMATION: Please enter your current information.

 First Name MI Last Name

 Address 1 City

 Address 2 State Zip Code

 Phone Number (with area code) Email Address

OWNER INFORMATION: Provide information about the person or company for which you are requested a reissued check. If you saw the Owner's name/address in the newspaper or on our website, enter the information exactly as it appeared.

 First Name MI Last Name

 Address 1 City

 Address 2 State Zip Code

 Owner's Provider ID or TIN (for companies) Owner's Member ID or SSN (for individuals)

If the owner is deceased, provide Date of Death _____

What is your relationship to the owner? _____

****IMPORTANT:** You must provide appropriate documentation of your authorization. Please submit the death certificate plus evidence of your estate representation, and we will issue a replacement check to the estate of the deceased. A replacement check cannot be issued without sufficient documentation. If we are not able to validate your authorization to claim these funds, the money will be sent to the state and any further inquires must be directed to that state.

By signing below, I attest that the information above is accurate and complete to the best of my knowledge. I understand that by knowingly making any false statement to claim funds, I will be prosecuted to the full extent of the law. Funds that remain unclaimed are sent to the state of record at the appropriate time as determined by that state, and any further inquires must be directed to that state.

 Signature Date

Please return to: Unclaimed Funds, PO Box 21146, Eagan, MN 55121
 and allow up to 90 days for processing.