



REPLACEMENT CHECK(S) AFFIDAVIT

The undersigned, _____, hereby affirms and says that the
(name)

following described check(s) have been lost, stolen, destroyed or never received by me and that the information given herein is true to the best of my knowledge and belief:

	<u>ISSUE DATE</u>	<u>CHECK NUMBER</u>	<u>AMOUNT OF CHECK</u>	<u>PAYEE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

1. Are you the named payee on the above listed check(s)? _____ If yes, go to number 4.
2. If you are not the named payee, in what capacity are you acting? _____

3. What is your relationship to the named payee? _____
4. Were the check(s) (a) lost _____; (b) stolen _____ (date of theft) _____; (c) destroyed _____; or (d) never received _____ ?
5. On what date was the loss discovered _____?
6. Who had the check(s) last _____?
7. Give the result of inquiry made of other persons as to their knowledge of the loss, theft or destruction of the check(s) (e.g. who besides you had access to the check(s), where were they last placed, and on what date were they last seen) _____?
8. Have you or anyone on your behalf, received reimbursement from any source on account of the loss, theft or destruction of the check(s) _____?
If so, please indicate who, how much and by whom or what entity _____

9. Mail replacement check(s) to: Name: _____
Address: _____
City: _____ State _____ Zip _____

I, the undersigned, hereby acknowledge that the original check(s) aforementioned, shall thereupon become the property of the Suffolk County Municipal Employees Benefit Fund ("SCMEBF"). Upon granting of relief, I assign all right, title and interest in said original check(s) to the SCMEBF and hereby bind myself, my heir, executors, administrators, successors, and assigns: (1) to surrender said original check(s) to the SCMEBF should they be recovered; (2) to hold the SCMEBF harmless on account of any claim by any other parties having or claiming to have, interests in these check(s); and (3) upon demand by the SCMEBF, to indemnify unconditionally the SCMEBF, and to repay the SCMEBF all sums of money which the SCMEBF may pay on account of replacement of these original checks, including any administrative costs and penalties, any other liability or losses incurred as a result of such replacement. The undersigned hereby consents to the release of any information contained herein, or regarding the checks described herein to any party having an ownership or entitlement interest in these checks.

The undersigned further agrees that Suffolk County shall be the sole and exclusive venue for any action arising out of this affidavit.

Name: _____

Signature: _____

Address: _____

Social Security No.: _____

Sworn before me this _____ day of _____ 20____.

Notary Public