

United Healthcare Dental Escheatment
6200 Northwest Pkwy Suite 1st Floor
Customer Service
San Antonio TX 78249



OCTOBER 16, 2019

2896473T7A0032501

CLAUDE SIMON
71 TONJES ROAD
Callicoon NY 12723

Dear CLAUDE SIMON:

We periodically review our records for checks that have been issued but not cashed. The following check has been issued to you and, according to our bank, remains outstanding:

Check #	Amount	Date
RP 31643445	\$96.00	04/05/2019

Since this check has not been returned to us as paid, we are concerned that it may have been cashed but lost in the banking system, lost in the mail, or perhaps misplaced once it reached you. Please complete the appropriate section below, sign and return this letter to:

United Healthcare Dental Escheatment
Customer Service
6200 Northwest Pkwy Suite 1st Floor
San Antonio Texas 78249
(800) 445-9090

☐ I have received and cashed the check in question. Approximate Date _____

☐ I have the check in question and will cash it shortly.

Date _____ Signature of Payee _____

OR...

☐ I have not received the check in question.

☒ I did receive the check in question but have lost or misplaced it.

☐ Other. Please explain _____

Since I've indicated that I have not received or have lost the check in question, I request that you issue a replacement check to me. I will return the original check to you if it ever comes into my possession. **Note: Your signature certifying the validity of your request for a replacement check must be provided in the "Signature of Payee" space below. This request will not be considered without your signature.**

Date 1-11-21 Signature of Payee Claude Simon

Best Contact Phone Number 912 441 0062

Corrected Address (If Applicable) _____

Street Address _____

City, _____ State _____ Zip _____