State of Kansas

Department of Administration

Office of Accounts and Reports

AR-95 (Rev. 10-2019)

**ESCHEATED CHECK CLAIM - VALIDATION FORM FOR CHECKS**

**DATED BETWEEN JANUARY 1, 1996 AND JUNE 30, 2008**

**INSTRUCTIONS**

1. Read the "Notice to Claimant" section prior to completing the form.

1. Complete the requested information in the "Claimant Information" section of the form.

3. Return the completed form to:

Office of Accounts and Reports

Central Systems Responsibilities Team

700 SW Harrison St, Ste. 300

Topeka, Ks. 66603-3974

4. Results of claim review.

**NOTE: ITEMS 2 AND 3 MUST BE COMPLETED IN ENTIRETY.**

**(INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.)**

**1. NOTICE TO CLAIMANT**

If the check is dated on or after July 1,2008, do not complete this form. Contact the Unclaimed Property Division of the Kansas State Treasurer at (1-800-432-0386) or <www.kansascash.ks.gov>.

This form is used to document claims for a check dated between January 1, 1996 and June 30, 2008. If the claim is determined to be valid, it will be submitted to unclaimed property or the appropriate agency where you will need to file your claim. Due to the age of the documents involved it may not be possible to validate your claim. There is no recourse if we cannot verify that the check was escheated and that no claim was previously filed. Checks dated earlier than January 1, 1996 (cancelled before 1/1/1997) are not eligible for review.

Please attach a copy of the check.

**2. CLAIMANT INFORMATION** (Please Print or Type) **(MUST BE COMPLETED)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Telephone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID No. (SSN, FEIN, or KS Emp. ID No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. CLAIM INFORMATION (MUST BE COMPLETED)**

Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Check Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Check Type \_\_\_\_\_\_ 1 - Payroll

      (if known) \_\_\_\_\_\_ 2 - Miscellaneous

\_\_\_\_\_\_ 4 – Benefit

\_\_\_\_\_\_ 5 – Tax

\_\_\_\_\_\_ 6 – Cenpay

(Continued on Reverse Side of Form)

**4. Results of Claim review (Office of Accounts and Reports Use)**

Original Check Information:

Agency No \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a prior claim filed? \_\_\_\_\_\_\_\_\_\_\_\_What is the status of the prior claim? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the claim was paid previously, then this claim is not valid.

Was check cancelled prior to escheatment, what date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, then the claim is not valid.

Check was previously reissued:

Reissued Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If check was reissued the claim is not valid.

Reissued Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Cashed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The claim is valid? Yes \_\_\_\_\_\_\_ (see below) No\_\_\_\_\_

If the answer is yes, which entity settles the claim?

\_\_\_\_\_Unclaimed Property [http://www.kansascash.ks.gov](http://www.kansascash.ks.gov/) phone 1-800-432-0386 or 785-296-4165

\_\_\_\_\_The Department of Labor

\_\_\_\_\_Dept. of Children and Families

\_\_\_\_\_KPERS

\_\_\_\_\_Dept. of Health and Environment

\_\_\_\_\_ Dept. for Aging and Disability Services

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_