

Employer Sponsored Insurance (ESI) Lost Check Replacement Form

I, _____, confirm that I am unable to locate the employer sponsored insurance reimbursement check for the month(s) of _____ and request that the State of Utah, Department of Health and Human Services, stop payment on the original check and issue a replacement check.

Please Mail The Replacement Check To:

Name: _____ Case Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone #: _____ Date of Birth: _____

Signature of Payee

Date

Once the Department of Health and Human Services receives the completed form, your request will be processed, and a replacement check will be issued. If you locate the original check after you have returned this form, do not deposit or cash the check. Contact the ESI administration office at 801-538-6509. Please allow 10 business days for processing and mailing of the replacement check.

Return completed form to:

Office of Eligibility Policy
ESI administration office

Form may be submitted by:

Email: esi@utah.gov
Fax: 801-536-0467
Mail: PO Box 143107
SLC, UT 84114-3107