



# Utah's Premium Partnership for Health Insurance 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 801-538-6192. 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](mailto:ESI@utah.gov)

**Fax:** 801-538-6952

**Mail:** PO Box 143107  
SLC, UT 84114-3107