

Paycheck Claim

1) **Please type or print:**

First Name	Middle Initial	Last Name
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Street Address

City	State	Zip
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2) **Provide Evidence of your Entitlement to these funds:**

- a) **If an Estate is opened through the Probate Court system, please provide a copy of the court issued “Letters of Administration” along with this form. A check will be issued to the individual named on the “Letters of Administration.”**
- b) **If an Estate is not opened to distribute property for the deceased, you must complete an “Affidavit of No Administration” to be processed 45 days after the date of death.**

3) **Provide the address of where the decedent’s final Form W-2 should be sent:**

Street Address

City	State	Zip
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4) **Certify your claim by signing and dating this form:**

Signature of Claimant	Date	Phone
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5) **Return this Documentation to:**

Financial Management Services
Poplars 529
400 E. Seventh Street
Bloomington, IN 47405