



#BWNCRBT

(706)571-5264

#CALME15500000000#
 FirstName A LastName
 1234 Any Street
 Somewhere, IL 62959-1188

000001020200

THE STATE OF ILLINOIS REQUIRES US TO NOTIFY YOU THAT YOUR UNCLAIMED PROPERTY MAY BE TRANSFERRED TO THE STATE IF YOU DO NOT CONTACT US.

Dear Customer,

In reviewing our records, we may have identified a payment that you have not cashed. **State laws require funds from checks that remain uncashed for stipulated periods of time to be turned over to the appropriate State.** If we do not receive a response postmarked by (see date on your letter), the funds will be turned over to the state of IL as unclaimed abandoned property. This is a state requirement to report these funds for any property that the owner has failed to respond by the stipulated date. If you miss this deadline, you will need to file a *claim directly with the state*, several months after the due date listed above in order to allow the state time to process the files.

Listed below and on the attached page is the specific uncashed check(s) information, including check number, issue date, and amount of the check. Please complete the attached form, indicating your response with an "X" in either box A or B, include your signature and date, as well as the additional information requested.

Bank Acct No.	Check No.	Issue Date	Amount	Payment Description
00000111111	0000012345	07/18/2005	\$ 540.23	Accident & Health Claim Payments
00000222222	0000012346	07/19/2005	\$ 678.22	Accident & Health Claim Payments



Sincerely,
 Unclaimed Property Specialist

This attached Due Diligence Response Form must be completed, signed, dated and mailed to the address listed at the top of this letter and postmarked by (see date on your letter).

For more information, please see the FAQ on the back of this letter.

GAQC-E1



Revised Mar 2010

DUE DILIGENCE RESPONSE FORM

Listed below is the specific uncashed check(s) information, including check number, issue date, and amount of the check. Please complete the information requested below indicating your response with an "X" in either box A or B including your signature and date. Due to state law this completed response must be postmarked by (see date on your letter).

Please note, that due to the age of the original check, corporate mergers and system changes, often there is limited or no additional information available regarding dates of service, patient names or any other payment related information.

PAYEE INFORMATION:

FirstName A LastName
1234 Any Street
Somewhere, IL 62959-1188

CHECK INFORMATION:

Bank Acct No.	Check No.	Issue Date	Amount	Payment Description
00000111111	0000012345	07/18/2005	\$ 540.23	Accident & Health Claim Payments
00000222222	0000012346	07/19/2005	\$ 678.22	Accident & Health Claim Payments

- A.** **PROVIDER/BUSINESS:** I have reviewed our books and records and do show an open receivable for this business transaction. I am also attesting that I am an authorized representative of the company to claim these funds. Please reissue this payment, which can take 8-12 weeks to process and be delivered.
- MEMBER/INDIVIDUAL/NON BUSINESS:** I am entitled to the above check and certify I am the intended payee and the obligation has not been settled or previously paid. Please reissue this payment.
- B.** Upon review of our books and records, I do not show an outstanding obligation due and therefore *do not* request the check(s) to be reissued.

Print name*

**Last four digits of SSN or EIN*
(verification purposes only)**

Daytime Phone Number*

Print address, if different from that listed above:

Street Address

City

State, Zip Code

Signature* (see reverse side of page 1[†])

Title

Date

* Required fields

Return this Completed Form by (see date on your letter) to:

Mail to address indicated on your letter



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