



# REQUEST FOR ISSUANCE OF A REPLACEMENT CHECK

Participant Name	Social Security Number
Street Address	City      State      Zip Code
Telephone	

<p><b>Signature and Acknowledgement</b></p> <p>I certify that I have not received my benefit check from the Houston Municipal Employees Pension System (HMEPS) for (month/year) _____. I understand that a check in payment of this benefit was issued by HMEPS. That check was: (please check one)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not received in the mail</li> <li><input type="checkbox"/> (Circle One) Lost / Destroyed/ Stolen after being received</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p>I hereby request a replacement check for the single payment for the above-stated month. <b>I understand that once I have signed this request, HMEPS will immediately issue a stop payment on the original benefit check.</b> I understand that HMEPS is issuing me a replacement check on the basis of the above statements, and I understand that in the event any of the above statements is determined to be false or misleading, I will be subject to liability and to repay HMEPS the full amount of the replacement check, plus interest and any costs associated with the replacement check. I understand that HMEPS may require me to sign an affidavit prior to issuing a replacement check. I understand that I am required to return the original check to HMEPS if it ever comes into my possession. In the event the amount of the original check is paid to me or on my behalf by some other person or entity than HMEPS, I must immediately return the amount of the original check to HMEPS. I certify that I have not endorsed the original check. I hereby promise that, under no circumstances, will I negotiate both the replacement check and the original check.</p> <p><b>REPLACEMENT CHECK TO BE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PICKED UP AT: <u>HMEPS OFFICE</u></li> <li><input type="checkbox"/> MAILED TO: _____          _____          _____</li> </ul> <p><b>Under penalty of perjury, I certify the above statements to be true and correct.</b></p> <p>_____</p> <p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>
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**RETURN TO:** HOUSTON MUNICIPAL EMPLOYEES PENSION SYSTEM  
 1111 BAGBY, SUITE 2450  
 HOUSTON, TX 77002  
 (713) 595-0100 FAX: (713) 650-1961 (If faxed, must also send original to HMEPS)