

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
TRANSIT BENEFIT PROGRAM
ANNUAL PREMIUM TRANSITCHEK REPLACEMENT METROCARD
CERTIFICATION FORM**

UNDELIVERED, DAMAGED, AND LOST OR STOLEN METROCARD

You must bring this form to your Payroll Department

EMPLOYEE ID NUMBER:

NAME:

_____/_____/_____

LAST

FIRST

MI

FACILITY:

WORK TELEPHONE NUMBER:

(_____)_____-_____

CERTIFICATION:

I certify that (check one):

- I did not receive my Annual Premium TransitChek MetroCard.
- My Annual Premium TransitChek MetroCard is damaged and does not work.
(This Certification must be accompanied by your Annual Premium TransitChek MetroCard)

Please explain here _____

- I lost my Annual Premium TransitChek MetroCard.
- My Annual Premium TransitChek MetroCard was stolen.

I further certify that the information I have provided is accurate and true to the best of my knowledge.
I will pick up replacement Annual Premium TransitChek MetroCard at my facility's Payroll Department.

SIGNATURE: _____ DATE: _____

I certify that I have received the replacement Annual Premium TransitChek MetroCard # _____

SIGNATURE: _____ DATE: _____

CORPORATE PAYROLL OPERATIONS USE ONLY

EMPLOYEE ID NUMBER: _____

REPLACEMENT METROCARD NUMBER: _____

DATE REPLACEMENT ISSUED: _____

ISSUED BY: _____

SIGNATURE

PICKED UP BY: _____

PRINT NAME

SIGNATURE