

**NEW YORK CITY HEALTH + HOSPITALS
TRANSIT BENEFIT PROGRAM
ANNUAL PREMIUM TRANSITCHECK REPLACEMENT METROCARD
CERTIFICATION FORM**

UNDELIVERED, DAMAGED, AND LOST OR STOLEN METROCARD

EMPLOYEE ID NUMBER _____	NAME _____ LAST FIRST MI
FACILITY: _____	TELEPHONE NUMBER: (____) _____

Email completed form to: payrollinquiries@nychhc.org

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.

Home Address: (This is the address to which your annual premium TransitChek MetroCard will be mailed via regular US Postal mail).

_____	_____	
Street Number	Apt.	
_____	_____	
City	State	Zip Code

I further certify that the information I have provided is accurate and true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

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

SIGNATURE: _____ DATE: _____

CORPORATE PAYROLL SERVICES USE ONLY

EMPLOYEE ID NUMBER: _____
REPLACEMENT METROCARD NUMBER: _____
DATE REPLACEMENT ISSUED: _____
ISSUED BY: _____
SIGNATURE: _____

PICKED UP BY: _____
PRINT NAME SIGNATURE