

CLAIM #



MTRS Benefit Recipient Claim Form
For fees resulting from delay of May 2012 Direct Deposits

A. Claimant Information

1. Name:
2. Street address:
3. City, State and ZIP:
4. Daytime telephone number (including area code):
5. Best time to call:
6. Email address:
7. Last four digits of your Social Security number:

B. Claim Details

1. Description of claim: please list and briefly describe the fees or charges that you incurred as a result in the delay of the direct deposit of your May 2012 MTRS benefit payment. Feel free to provide additional information on a separate page.

2. Total amount of your claim: \$ _____

C. Documentation

1. You must submit the following documents with this Claim Form:
 - a. Photocopy or screenshot of your bank account statement showing the date and amount(s) of the fee charged. This must also show the name of the institution, account number and your name and address.
 - b. Photocopies of any other materials or evidence to support your claim, including overdraft notices, insufficient funds notices, and returned check fees.

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D. Certification

I certify under the pains and penalties of perjury that this claim contains only fees and charges incurred as a direct result of a processing error by the Commonwealth for a Direct Deposit payment directed to me and originally due on May 31, 2012; that this claim has not been previously paid, waived, reimbursed or otherwise negated by another institution including my bank, credit card company, insurance policy or other institution and that the information provided with this claim is true and accurate. I agree to accept this amount in full satisfaction and final settlement of this incident.

Signature of Claimant _____ Date _____

E. Mailing Instructions

Send your completed and signed Claim Form, along with the required documents to:

COMMONWEALTH OF MASSACHUSETTS
TREASURER & RECEIVER GENERAL
c/o CHRISTINA GIBLIN
STATE HOUSE, ROOM 227
BOSTON, MA 02133

TELEPHONE: 1-617-367-9333 ext.637

Email: cgiblin@tre.state.ma.us

**DO NOT SEND IN ORIGINAL DOCUMENTS. SEND IN COPIES OF THE
REQUIRED DOCUMENTS AND KEEP THE ORIGINALS FOR YOUR
RECORDS.**

Please note that the Office of the State Treasurer and Receiver-General may require additional information to review and process your claim. In the event that further information is needed, the Office of the State Treasurer and Receiver-General may contact you to obtain the necessary information or supporting materials.