



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

## Unclaimed Property Claim Form

### Instructions

- Complete, sign and date the claim form
- Provide a copy of a drivers license with the claim form
- (If applicable) If current address is different from reported address, provide documentation outlining either the address change or proof of prior residence at the reported address
- (If applicable) If making this claim as a Beneficiary or Executor of an estate, include appropriate documentation outlining rightful claim to the property
- Email or mail the completed form to MVP Healthcare

MVP Healthcare  
625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
Attn: Treasury /Unclaimed Property  
[UnclaimedProperty@MVPHealthcare.com](mailto:UnclaimedProperty@MVPHealthcare.com)

**Holder Name** (as found on Long Lost Money site) \_\_\_\_\_

Name of Claimant(s): \_\_\_\_\_

Original Owner (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Each of the undersigned claimants, do solemnly swear that to the best of his/her knowledge, the undersigned are the owner(s) or have rightful interest in the property being held. Each claimant also declares that all above information and attachments are true and complete documents of necessary proof of ownership as detailed in the instructions and agree to provide additional information upon request. Should any claim be made regarding the said abandoned property and found to be of a valid nature, the undersigned claimant(s) will reimburse the rightful owner.**

Signature(s) of Claimant \_\_\_\_\_ Date: \_\_\_\_\_

*For Internal Use Only*

Company Number:		Issuance Date:	
Cash Code:		Check Number:	