

City of New York  
Office of Payroll Administration  
TransitBenefit Program  
One Centre Street, Room 200N  
New York, New York 10007

### CERTIFICATION

#### Undelivered, Damaged and Lost or Stolen TransitChek MetroCard

You may bring this form to the Office of Payroll Administration or fax it to us at (212) 669-4383

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Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Inc. Apt.) \_\_\_\_\_

Agency: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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I certify that (*check one*)

- I did not receive my TransitChek MetroCard.
  - My TransitChek MetroCard does not work. (This Certification must be accompanied by your MetroCard) Please explain here \_\_\_\_\_
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- I lost my TransitChek MetroCard.
- My TransitChek MetroCard was stolen.

I further certify that the information I have provided is accurate and true to the best of my knowledge.  
(*check one*)

- I will pick up my replacement TransitChek MetroCard at the Office of Payroll Administration.
- Please mail my TransitChek MetroCard to my home address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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#### Office of Payroll Administration Use Only.

Employee ID Number (11 digits) \_\_\_\_\_

Replacement MetroCard Number (10 digits) \_\_\_\_\_

Date Replacement Issued \_\_\_\_\_

Replacement \_\_\_\_ Picked Up \_\_\_\_ Mailed

Issued By \_\_\_\_\_

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**Signature**