

424 Route 8  
 Maite, Guam 96910  
 Tel: (671) 475-8900  
 Fax: (671) 475-8922

**R**  
 GOVERNMENT OF GUAM  
**RETIREMENT FUND**  
 STABILITY · SECURITY · REWARDS



**REQUEST FOR REISSUANCE OF MEDICARE REIMBURSEMENT CHECK**

I, \_\_\_\_\_ (name), of lawful age, Social Security Number  
 X X X - X X - \_\_\_\_ \_\_\_\_ \_\_\_\_ (last four numbers only), for the purpose of obtaining a reissuance of Government of  
 Guam Retirement Fund check(s), hereby certify the following:

1. I am the named payee on, and entitled to the proceeds of, the Government of Guam Retirement Fund check(s), as follows:

	CHECK		
	Date	Number	Amount
1.			
2.			
3.			
4.			
5.			

2. The above check(s) is/are:       Lost       Stale-Dated       Destroyed

3. I am a retiree of the following Plan:       DB       DC

4. My contact information is as follows:

Physical address\*: \_\_\_\_\_

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

Contact Number(s)\*: \_\_\_\_\_      Email Address: \_\_\_\_\_

*\*Current physical address, mailing address, and contact numbers must be provided.*

**Reissuance will occur only upon receipt of all of the information required above.**

**Payment will be made in the same manner, by check or direct deposit, as your annuity is paid.**

§8169. Penalties. Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the Government of Guam, and the system shall have the right to recover any payments made under false representations.

**Under the laws of perjury, I hereby certify that the information I have provided is true and correct.**

\_\_\_\_\_  
 Signature / Date

**FOR RETIREMENT FUND ACCOUNTING DIVISION USE ONLY:**

Reissued Check No. \_\_\_\_\_ Signature & Date: \_\_\_\_\_