

Petition for Unclaimed Refund - Employee

This is a claim to recover unclaimed excess contributions as defined in 8 AAC 85.490

Employee's name: _____	Social Security Number: _____	Amount of refund: _____
1. Name and address of person claiming property: _____ _____ _____ _____ 2. Telephone number: _____	5. Check the box as to why you are entitled to this claim, and provide the proof listed on the back page: <input type="checkbox"/> A. I am the employee named above. <input type="checkbox"/> B. I am the guardian, executor, administrator or other representative. <input type="checkbox"/> C. The property became distributable to me in probate proceedings. <input type="checkbox"/> D. I am heir to the employee's estate. <input type="checkbox"/> E. I have a Power of Attorney regarding the employee. <input type="checkbox"/> F. Other: _____ _____ _____ _____	
3. Previous address of employee (also required if employee is deceased): _____ _____	6. List enclosed proof: _____ _____ _____ _____ _____ _____	
4. If employee is deceased, provide the following: Date of death: _____ Domicile at death: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> City State </div>		

CERTIFICATION:

I declare under penalty of perjury this petition, including any attachment, has been examined by me, and to the best of my knowledge and belief, it is true, correct, and complete. I further certify upon payment of this claim, I will indemnify and hold harmless the State of Alaska, its officers and employees from any other valid claims from said property.

Signature of claimant: _____ Date: _____

THIS SECTION FOR ES TAX USE ONLY:

Approved **Send to:** **Claimant address**
 Not approved **Owner's address** **Amount: \$** _____

Signature of Accounting Supervisor: _____ Date: _____

Signature of Chief of Tax: _____ Date: _____

Explanation: _____

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HOW TO PROVIDE PROOF OF OWNERSHIP

You must provide us with proof before we can process your claim.

IF YOU ARE THE EMPLOYEE, provide a copy of your Social Security Card or a copy of either your driver's license or state identification card.

IF THE EMPLOYEE IS DECEASED, provide a copy of the death certificate **AND** copies of legal documentation that proves your right to the employee's property (Will, letters, testamentary, etc.).

IF THE EMPLOYEE IS INCOMPETENT, provide a copy of the Power of Attorney or copies of legal documentation that proves your right to make decisions regarding the employee's property.

Under certain circumstances, additional proof may be required.

Submit request and proof to:

Alaska Department of Labor and Workforce Development
Employment Security Tax
P.O. Box 115509
Juneau, AK 99811-5509