

## HEALTHCARE COOPERATIVE

UnclaimedProperty@CommonGroundHealthcare.org

Thank you for contacting us regarding your uncashed check which is now void. We can provide a replacement check if you complete and return the form below by November 19, 2024. Please note the process to reissue a check can take up to 30 days. For the fastest response, please send the form by email. We offer three ways to return the form (please only use one).

Email to:

	Please keep in mind that communications sent via email over the internet, unless encrypted, are not necessarily secure. Although unlikely, there is a possibility that the information you include in an email can be intercepted and read by other people besides the one to whom it is addressed.			
Or Fax:	262.754.9690			
Or Mail the form to:	Common Ground Healthcare Cooperative (CGHC) Attn: Unclaimed Property PO Box 1630 Brookfield, WI 53008-1630			
if we don't receive a written		er 19, 2024, your	funds	to reissue the check. Important: s will be forfeited. Any forfeited d of Directors.
Do you have questions? Please assistance.	e email: <u>UnclaimedProperty@Co</u>	ommonGroundHe	ealthc	are.org. We appreciate your
Sincerely,				
Common Ground Healthcare Cooperative				*Note: this is NOT an invoice
Please reissue a check for uncl	laimed property to:			
Name:		Last 4 Dig	Last 4 Digits of SSN	
Contact Phone:		Date of B	Date of Birth mm/dd/yyyy	
Address:		I		
City:		State:		Zip:
To receive updates on the st	ratus of your claim, please provi	de your email add	dress I	below:
Signature:			Date:	