

## Affidavit of Non-Receipt of Benefits

I, [REDACTED], of legal age, with residence at [REDACTED], do hereby depose and state:

1. That I am an employee/member of [REDACTED].
2. That I have not received any benefits, allowance, or claim from [REDACTED] pertaining to [REDACTED] for the period covering [REDACTED].
3. That this affidavit is being executed to attest to the truth of the foregoing and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this [REDACTED] day of [REDACTED], 20[REDACTED] at [REDACTED].

\_\_\_\_\_  
Signature over Printed Name

SUBSCRIBED AND SWORN to before me this [REDACTED] day of [REDACTED], 20[REDACTED] at [REDACTED], affiant exhibiting to me his/her identification, to wit: [REDACTED].

\_\_\_\_\_  
Notary Public