

## Affidavit of Non-Receipt of Benefits

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

1. That I am an employee/member of .
2. That I have not received any benefits, allowance, or claim from  pertaining to  
 for the period covering .
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  day of , 20 at  
.

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

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

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