

### LOST FORM REQUEST

**INSTRUCTIONS:** For each request for replacement, complete the corresponding numbers, the document type, the worker number, date, and county, and the signature. Use an X to indicate each document you need. For Medically Needy subsystem: Double-click the Send button at the bottom of the form and e-mail to IMEMedicallyNeedy@dhs.state.ia.us.

MMIS Medically Needy Subsystem

Complete and send to IME's Medically Needy Unit

Case Number

From

To

MM DD YY

MM DD YY

- ESTD
- BSTD
- NOSS

Automated Benefit Calculation System

Case Number

- Tickler
- Fam. Comp.

Income and Eligibility Verification System

State I.D.

Case Name (Last Name)	First Name

SSN

ABC Case Number

- Unemployment
- Employment Service Wages
- Bendex
- SSA Earnings
- Validation Error Report
- IRS

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Worker No.

Date

County

Completed by:

Double Click to **SEND** Form