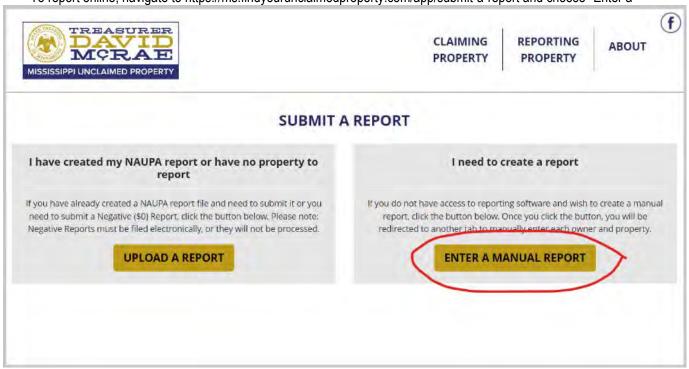


Our office now allows Nursing Homes and Rehabilitation Centers the option of reporting online. You may still submit a paper report utilizing the Nursing Home Form on the next page, however, online reporting does not require a notarization and is the fastest and easiest method of reporting unclaimed property.

To report online, navigate to https://ms.findyourunclaimedproperty.com/app/submit-a-report and choose "Enter a



- 1. Enter your e-mail address and you will be assigned a key that will be valid for 45 days. Please print out a copy of your key because you will need this passcode if you want to return to work on your report at a later date.
- 2. Enter your holder information. This is the information for the facility where you work.
- 3. Save the record of the holder/Nursing Home.
- 4. Add the owner information and the cash you are reporting for each patient. Note: You can report for multiple patients per report. There is no limit.
- 5. Verify the information you have supplied is correct and submit. Select a payment option.
- 6. Do not forget to print a copy of your report for your records.

If you utilize online reporting, you do not need to mail in the below form. Submit a summary of your online submission along with your check.

Special Note: The only valid property codes for your patients are NH17-Medicaid patients and MS16-Non-medicaid patients. Please only select one of these property codes. The most common owner type is 'primary'.

Call 601-359-2513 and ask for Jessica if you have any issues with the Manual Report tool.

## **REPORT AND REMITTANCE due November 1**

Mail Report & Check Payable to:

Office of the State Treasurer Unclaimed Property Division P.O. Box 138 Jackson, MS 39205-0138



## Nursing Home Unclaimed Property Report (One form per decedent – Complete in full)

Name of Holder/Care Center	Contact Person & Phone
Mailing Address	Email Address
City, State, Zip	Federal ID #
Pursuant to Mississippi Code Annotated, Section 43-13-120 and Section 89-12-1, et. seq., the above holder hereby reports the following property:	
Owner's Name (Last, First, MI)	Medicaid Patient? Yes □ No □
Owner's SSN	Amount due owner
Owner's Date of Birth	Owner's Date of Death
Last known address before entering care center	
City, State, Zip	
Information on any person who may possess an interest in such property (Continue on back if necessary):	
Person's Name	Relation to Decedent
Phone	Email Address
Address	
AFFIDAVIT State of	County/City of
I,, of the company/holder for which this report is made, being duly sworn (or affirmed) according to the law do depose and say that this report is true and contains all facts required by law to be reported.	
	orn and subscribed before me this day of, 20 tary Public: