



CITY OF PHILADELPHIA  
OFFICE OF THE DIRECTOR OF FINANCE  
Risk Management Division  
Claims Unit

1515 Arch Street, 14<sup>th</sup> Floor  
One Parkway Building  
Philadelphia, PA. 19102 –1579  
Phone: (215)-683-1713

Dear City Employee:

Enclosed please find a claim form for you to complete and return to us. If you have received this form, you have likely experienced some type of payroll discrepancy due to the implementation of the City's new payroll system.

The City deeply regrets any inconvenience you have experienced, and to remedy the issue, the City may pay your administrative fee(s) incurred because of a shorted or delayed pay check.

Please complete the claim form and specify the administrative fee(s) that you have incurred because of a payroll discrepancy. You will also need to provide copies of any/all supportive documentation to substantiate the administrative fee(s).

Upon receipt of the completed questionnaire and the supplemental materials, our office will conduct a review, and follow up with you directly regarding the continued handling of your matter.

Sincerely,

City of Philadelphia/Risk Management Division/Claims Unit

### **FRAUD WARNING**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**CITY OF PHILADELPHIA**  
RISK MANAGEMENT DIVISION - CLAIMS UNIT  
1515 ARCH STREET – 14<sup>th</sup> FLOOR  
PHILADELPHIA, PA 19102-1595  
(215) 683-1713

**ONEPHILLY CLAIM INFORMATION FORM**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BEST CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

(Must provide date of birth and social security number in order for claim to be processed)

SPECIFIC PAY DATE WITH FINANCIAL DISCREPANCY: \_\_\_\_\_

PLEASE ENTER THE TOTAL DOLLAR AMOUNT OF THE ADMINISTRATIVE FEES YOU HAVE INCURRED FOR FAILING TO MAKE A PAYMENT. (Note that this should only be the amount of the actual administrative fee): \$ \_\_\_\_\_

**IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THIS OFFICE WITH THE FOLLOWING DOCUMENTATION:**

A COPY OF STATEMENTS, INVOICES, AND/OR LETTERS FROM YOUR FINANCIAL INSTITUTIONS, UTILITY SERVICE PROVIDERS, AND ANY OTHER BUSINESS ORGANIZATIONS THAT HAVE IMPOSED ADMINISTRATIVE FEES. DOCUMENTATION SHOULD SPECIFY THE DATE, AMOUNT, AND REASON THE ADMINISTRATIVE FEES(S) WAS IMPOSED.

**NOTE: ALL DOCUMENTATION SUBMITTED WITH THIS FORM BECOMES PROPERTY OF THE CITY OF PHILADELPHIA AND ARE NON-RETURNABLE.**

**FRAUD WARNING**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_