

SUBROGATION AGREEMENT

Trust/Plan Name: The Employees [redacted] Health & Welfare Plan

Participant: _____

SS#: _____

Patient: _____

Spouse (if not Patient): _____

Date of Accidental Injury / Condition: _____

The Employees [redacted] Health & Welfare Plan does not provide benefits for accidental injury or illness for which there is a right of recovery against a third party. However, the Trust recognizes that pursuing a claim or lawsuit to settlement or judgment against the responsible party may be a time consuming process. As a convenience to participating employees and their eligible dependents, the Trust will, therefore, advance payment of covered expenses incurred as a result of the accidental injury/condition for which a third party is liable, on the condition that the employee and his/her dependent complete and sign this agreement to reimburse the Trust and assign to the Trust any recovery by settlement or judgment up to the amount of the benefits paid by the Trust.

Any benefits paid shall be paid on the further condition that the employee and his/her dependents shall fully cooperate with the Trust and furnish to the Trust the name and address of the third party allegedly responsible for such accidental injury/condition. The employee, his/her spouse and dependents are to do whatever is necessary, including bringing suit against a party who may be responsible, to fully secure and protect, and nothing to prejudice, the rights of the Trust to such reimbursement.

The undersigned employee, his/her spouse and his/her dependent thereby agree to reimburse the Trust for any benefits it pays to the extent of the amount received by the employee, his/her spouse or his/her dependents from a third party by way of settlement or judgment.

As security for the Trust's right to such reimbursement, the Trust shall be subrogated to all rights of recovery of the employee, his/her spouse or his/her dependent against any such third party to the extent of any benefits paid by the Trust. Furthermore, all rights to any settlement or judgment are hereby assigned to the Trust to the extent it has been paid any benefits as a result of such accidental injury/condition.

Participant's Signature _____

Date _____

Spouse Signature (Notary Required) _____

Date _____

State of _____, County of _____

Notary Seal

Signed or attested before me on _____

By _____

Dependent Signature (Necessary only if injured party and over 18 years of age.) _____

Date _____

State of _____, County of _____

Notary Seal

Signed or attested before me on _____

By _____

Attorney's Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone _____

RETURN THIS FORM TO THE ADDRESS SHOWN ABOVE. PLEASE KEEP A COPY FOR YOUR RECORDS

[redacted] subro/subro agreement