



SUBROGATION AGREEMENT

Please submit this form to:
The Union Labor Life
Insurance Company

8403 Colesville Road
Silver Spring, MD 20910
202.682.0900

The Ullico Family of Companies

I (we) as participant/eligible dependent/eligible beneficiary understand that, in accordance with the provisions of the Plan of the _____ (Fund), specifically the section entitled "Subrogation of Benefits", if payments are made by the Fund for any treatment, service, benefit, or disability because of injury to, death of, or illness of the undersigned or an eligible dependent for which I or my eligible dependent or my eligible beneficiary may have a lawful claim, demand, or right against a third party or parties (including an insurance carrier) for indemnification, damages, or other payment with respect to such injury, sickness, or death, that I, my eligible dependent, or my eligible beneficiary is obligated to subrogate such claim, demand, or right to the Fund to the full and complete extent of payments made from and under and pursuant to the Plan.

In consideration of payments made under the Plan for treatment, service, disability, or death and to the extent of such payments made but not in excess of the total proceeds of any recovery, if I or my eligible dependent or eligible beneficiary receive any recovery based upon a claim against anyone for me, my eligible dependent, or my eligible beneficiary, then I (we) specifically agree to reimburse the Fund from the proceeds of such recovery from a third party or parties to the full extent of all monies paid by the Fund on behalf of me, my eligible dependent, or to my eligible beneficiary.

This agreement was dated and signed this, _____ day of _____, 20_____.

Signature of Member

Member's Social Security Number

Signature of Eligible Dependent

Signature of Eligible Beneficiary

State of _____)
County of _____)

SS: Before me the undersigned, Notary Public for _____ County, State of _____, personally appeared _____, and acknowledged the execution of this instrument this _____ day of _____, 20_____.

Notary Public:

My commission expires: ____/____/____

Enclosed is a copy of a document entitled "Subrogation Agreement". A Subrogation A.