

Mail To: Chesapeake Life Insurance Co
Claims Department
PO Box 982017
North Richland Hills, Texas 76182

Insured's Name: _____

Health ID#: _____

Claim #: _____

Patient's Name: _____

Right of Recovery/Subrogation Agreement

The Certificate of Insurance issued to you contains provisions for Subrogation and third party Right of Recovery. These provisions mean that the Company shall be subrogated to all rights of recovery which any Insured Person may acquire as a result of an accident, Injury, or Sickness for which another party is liable and for which we pay benefits to the extent of such benefits paid. In case, the Insured Person is deemed to assign all rights of recovery to us, and will be required to pay back to us amounts received from the liable party (or the liable party's insurer), not to exceed the total benefits provided by us.

In acceptance of this health insurance coverage, the Insured Person agrees to furnish any necessary information and complete documents needed by us in order to enforce the right to subrogation. Further, the Insured Person agrees not to take any action that would prevent us from pursuing this right of subrogation.

I acknowledge and agree that reimbursement of medical benefits received under this Certificate of Insurance is required in the event an Insured Person receives a settlement, judgment or other award from a liable third party. I further warrant that no action will be taken that would prejudice the Company's recovery rights.

Insured Person's Signature: _____
(Signer must be 18 years of age)

Date: _____