



Fenchurch General Insurance Company Third Party Liability/Subrogation Agreement

Claimant:

Employer:

Policy No.:

Class:

Absence Start Date:

Absence End Date:

Fenchurch General Insurance Company (FGIC) will adjudicate and, where the claim is accepted, pay a claim arising from the period of disability resulting from an injury caused by a third party. However, it is a condition of the policy that FGIC has the right, and will endeavor to recover, any losses from the third party, or any insurance policy held by the claimant or the third party.

If the claimant has the right to recover money from a third party as compensation for an accidental injury or illness but the liability of the third party has not yet been determined, then the claimant may apply for an advance payment of the benefit which the claimant may be entitled to receive under their short or long term disability plan with Fenchurch General Insurance Company.

No advance payment of benefits shall be made under this Plan unless the claimant is eligible to receive benefits and the employee agrees in writing to:

- a) Take all necessary action to recover from the third party an amount at least equal to the total amount of money advanced by FGIC;
- b) Direct the third party, or the employee's lawyer, to pay to FGIC from any judgment or settlement obtained from the third party an amount equal to the total amount advanced by FGIC, plus the costs of subrogation/recovery action;
- c) Provide to the Fenchurch Claims Centre, within 30 days of claim acceptance, full particulars of the incident/accident leading to the claim;
- d) Provide to FGIC record of any settlement of judgment, including copies of any court documents or correspondence which contain details of the settlement or judgment;
- e) Repay to FGIC the full amount of money advanced to the claimant if the claimant abandons or settles any claim against the third party without the written consent of FGIC; and
- f) Submit to the plan within 60 days of correspondence regarding claim decision from the Third Party Carrier and/or claim number and contact for third party or Carrier involved.

If the claimant fails to comply with subparagraphs (a) to (d) above then the advance payment of benefits may be terminated.

I have read, understand, and accept the conditions explained above:

_____	_____	_____
Claimant Name (Print)	Signature	Date
_____	_____	_____
Witness Name (Print)	Signature	Date

I wish to apply for advance payments of benefits (check appropriate box):

Yes No