



Please print legibly and complete ALL SECTIONS of this form. Mail, fax, or email completed form to: **Address:** International Medical Group, Inc. Claims, P.O. Box 240429, Apple Valley, MN 55124 USA, **Call:** +1.800.628.4664 or outside U.S. +1.317.655.4500; **Fax:** +1.317.655.4505
Email: www.imglobal.com/secure-message-center www.imglobal.com

Insured Name: _____

Group or Certificate #: _____

SUBROGATION AGREEMENT

IMG® (International Medical Group®) requests that the following Subrogation/Repayment Agreement Statement be signed and returned to us as part of the processing of your recent claim under the above-referenced policy.

Please refer to the RIGHT OF RECOVERY section and the SUBROGATION section of your certificate wording for a more detailed explanation of these provisions (see enclosed excerpts).

We also request that you notify us as soon as possible regarding any recoveries received from or settlements made with any other liability carrier or third party.

IMG Claims Department

Enclosures

Subrogation Repayment Agreement Statement

I, _____ agree to repay the Company (IMG) any amount of money received by me from or on behalf of any at-fault third party, or its insurer(s), to the extent of the benefits paid to me or on my behalf by the Company (IMG).

Dated this _____ day of _____, _____
Month Year

 Insured