Subrogation Agreement

Member Name: _____

IMG Member ID (as found on your ID card): _____

International Medical Group® (IMG®) 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 AmeriCorps VISTA Health Benefit Program. This Statement serves as your agreement to re-pay IMG for any monies recovered from any at-fault third party or its insurance carrier(s) and/or for all or part of a claim that was reimbursed or paid in error or on the basis of incorrect or previously unknown information. The amount of repayment is limited only to the benefits paid to you or on your behalf by IMG. IMG acts as the plan administrator for the AmeriCorps VISTA Health Benefit Program. Any monies recovered by IMG under this agreement will be returned to the Corporation for National and Community Service (CNCS), the benefactor of AmeriCorps VISTA.

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

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 of the Company (IMG).

Dated this _____ day of _____, _____.
Month Year

_____
Member Signature