



## REIMBURSEMENT AGREEMENT

Member's Full Name \_\_\_\_\_

Member ID# \_\_\_\_\_

Claimant (Injured Person) \_\_\_\_\_

Date Incident Occurred \_\_\_\_\_

Detailed Description of Incident \_\_\_\_\_

\_\_\_\_\_

Name and Address of Other Party to the Incident (If Applicable) \_\_\_\_\_

Have You Hired an Attorney to Represent you in this Matter? \_\_\_\_\_

If Yes, Name and Address of Attorney \_\_\_\_\_

\_\_\_\_\_

Attorney Phone Number \_\_\_\_\_

**I agree to reimburse the Pipeline Industry Benefit Fund** in accordance with the Plan Provisions, to the extent of any net recovery of such benefits as the result of legal action or settlement. The Plan Provisions are attached hereto and made a part hereof.

The undersigned covenants and agrees that he/she has not and shall not hereafter release or discharge any such claim or demand against any person, insurance company, firm or corporation liable therefore without first notifying the Pipeline Industry Benefit Fund, and upon demand will furnish the Company or Trustees all papers, documents and other information in the possession of the undersigned necessary for the proper recovery of such claims or demands.

This agreement shall be binding upon the undersigned, or any related party, executors or administrators to whom a settlement or right of recovery may be awarded.

\_\_\_\_\_  
**Signature Required:** Parent / Insured / Legal Guardian

\_\_\_\_\_  
**Signature Required:** Patient/Injured Party \*

Date: \_\_\_\_\_

\*If the patient/injured party is a dependent child of legal age (18 or over), this agreement must be signed by both the insured and the patient/injured party.