

Island Group Administration, Inc.

Corporate Offices

3 Toilsome Lane, East Hampton, New York 11937

Phone: (631) 324-2306 or 1-800-926-2306

Fax: (631) 324-7021 or (631) 329-0152

Dear Participant:

Your benefit plan states that your employer may exercise the right of reimbursement. This means that when you collect for expenses under the plan and then you collect again for the same expenses from certain other third party sources, you become responsible for refunding to your employer, payments made on your behalf.

You have made claims for which the accident appears to be one where our right or reimbursement may be applicable. Please complete and return the Reimbursement Agreement found on the back side of this letter.

Sincerely,

Island Group Administration, Inc.



11/2/2009

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LIEN AND REIMBURSEMENT AGREEMENT

Out of any monies I receive in connection with an injury, illness, or condition that I sustained as a result of action or inaction by a third-party, and for which my employer pays benefits or causes payment on my behalf, I shall reimburse my employer and I give a lien on my recovery, up to, but not in excess of the monies I receive. If the injury, illness, or condition was sustained by my dependent, I shall similarly reimburse my employer and I give a lien, and by signing this agreement, my non-minor dependent shall reimburse my employer and give a lien.

The date the injury, illness, or condition to which this agreement applies was on or about _____ . The person or organization I believe responsible was _____ whose address is _____ and whose telephone number is _____ .

Signature of ill or injured person, or if a minor, signature of parent or guardian

Signature of participant, if different

Patient Name (please print)

Participant Name (please print)

Dated

Participant Social Security Number

If a lawyer is handling this case for my dependent, or me I list below the lawyer's name, address and telephone number, and the lawyer signed this agreement to acknowledge the lien:

Lawyer Signature

Lawyer's street address

Print Lawyer Name

City, State, and Zip Code

Date

Lawyer Telephone

