
**SUBROGATION AND RIGHT OF RECOVERY
REIMBURSEMENT AGREEMENT**

Form to be completed by the Employer Group

Policyholder _____ Claimant _____

Policy # _____ TPA _____

The Employer Group acknowledges the following:

QBE Insurance Corporation has issued an Excess Loss Insurance Policy to the Policyholder.

The Policyholder has advised SLG Benefits on behalf of QBE Insurance Corporation of a possible Subrogation or Right of Recovery involving claims paid by the Plan for which the Policyholder is or may be seeking reimbursement from QBE Insurance Corporation.

The Policyholder acknowledges there is a Subrogation or Right of Recovery provision in the Excess Loss Insurance Policy.

The Policyholder agrees that it has reviewed the provisions of the Policy and affirms its terms understanding of the terms and conditions.

The Policyholder understands that before SLG Benefits on behalf of QBE Insurance Corporation will make any reimbursements, the Policyholder (or TPA on their behalf) will submit a completed Liability Questionnaire.

This acknowledgement will be unaffected by the expiration, termination or cancellation of the Excess Loss Policy.

Name of Policyholder

Signed by (Officer or Policyholder)

Print Name and Title

Date Signed