



**PLASTERERS & CEMENT MASONS
LOCAL UNION #518 FRINGE BENEFIT FUNDS**

Managed for the Trustees by:

TIC INTERNATIONAL CORPORATION

6405 Metcalf, Suite 200 • Overland Park, Kansas 66202
(913) 236-5490 • Fax: (913) 236-5499

Employee/Participant: _____

Injured Person: _____

Relationship to Employee: _____

Date of Accident: _____

Location of Accident: _____

SUBROGATION AGREEMENT

It is understood and agreed by the undersigned that the CEMENT MASONS & PLASTERERS Welfare Fund, pursuant to the provisions of its Plan of benefits, shall have the right to recover the amount of benefits paid or to be paid, arising out of injuries sustained by (person injured) _____, on the date and at the location stated above, from responsible third parties, including, but not limited to, claims against uninsured or underinsured insurance carriers, employers pursuant to workers' compensation statutes or regulations, no-fault P.I.P. coverage or medical payment insurance carriers.

Therefore, in consideration of and to the extent of said payments by the Fund, the Fund is hereby subrogated to any and all rights of recovery, claims and interest which the injured person named above has, may have or ought to have against any person, insurance company, corporation, firm, government agency or organization liable to the injured person because of injuries arising out of said accident. The undersigned authorizes the said Fund to sue, compromise, or settle in the undersigned's name or otherwise, all such claims; and to execute and sign releases and endorse checks or drafts given in settlement or disposition of such claims in the name of the undersigned with the same force and effect as if the undersigned executed or endorsed them. The undersigned agrees to execute any document, furnish any information required by the Fund or do whatever else is necessary to secure and prosecute the Fund's subrogation rights, including the joinder of the Fund or the intervention of the Fund in any claim or

action against the responsible third-party or parties. In the event the injured person does not pursue a claim or action against the responsible third parties, the Fund is authorized to pursue the claim in the name of the Fund. No settlement of any claims against any responsible third parties, on behalf of the injured person, or by the spouse, parents, or legal representative of the injured person named above, shall be entered into without the knowledge and written approval of the Fund. The undersigned will take any action requested by the Fund to protect the Fund's subrogation interest.

Date

Signature of Injured Person

Signature of Parent or Natural Guardian
on behalf of Injured Person, if minor.