

# SEIU Local 1 & Participating Employers *Health Trust*

---

## Health Trustees

Thomas Balanoff  
Laura Garza  
Stanley J. Gaynor  
Dean L. Johnson  
Krystal W. Kurinsky  
Kenneth E. Munz

111 E. Wacker Drive  
17<sup>th</sup> Floor  
Chicago, IL 60601  
Telephone: (312) 233-8888  
Facsimile: (312) 233-8839  
Email: mcardle@seiu25.org  
Web site: www.seiu25.org

## Fund Manager

Jim McArdle

## SUBROGATION AGREEMENT

- A. To the extent that the SEIU Local 1 & Participating Employers Health Trust ("Trust") shall have paid any money to or on behalf of any Employee pursuant to the provisions of the Plan of Benefits provided by the Trust, because of loss or damage for which the employee may have a cause of action against a third party who caused this loss or damage, this Trust shall be subrogated to the extent of such payment to any and all recovery by the Employee, and such right shall be assigned to the Trust by the Employee as a condition of payment of such money by the Trust.
- B. In consideration of the payment, the undersigned Employee does hereby assign and subrogate to the "Trust" all rights, claims, interests, choses or things in action and action at law, to the extent of the amount paid by the Trust which the undersigned may have against any party, person, firm or corporation, private or public, who may be liable, or may hereafter be adjusted liable, for the loss, and the undersigned authorizes and empowers the "Trust" to sue, compromise, or settle in the name of the undersigned or of the beneficiary of the undersigned, and said "Trust" is hereby fully substituted in the place of the undersigned and subrogated to all of the rights of the undersigned in the premises to the amount paid by the Trust.

The undersigned further agrees that the undersigned will execute any and all appeal bonds or other instruments in writing pertaining to any litigation arising out of losses herein above referred to, at the request of the Trust's representatives.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Participant

\_\_\_\_\_  
Signature - Witness