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### REIMBURSEMENT AGREEMENT & ASSIGNMENT OF PROCEEDS

I, \_\_\_\_\_, have filed for benefits with the Joint Welfare Fund of Local Union #164, "the Plan". These claims are or may be due to injuries caused on or about \_\_\_\_\_, by the fault of another party (the "third" party").

I acknowledge that the Plan has a right to reimbursement of benefits paid by the Plan out of any recovery that I or my dependent obtains, regardless of whether recovery is by settlement, judgment or otherwise and regardless of how the recovery is described or characterized (e.g. compensation for pain and suffering, reimbursement for medical expenses).

In consideration of the payment of benefits by the Plan, [I] [we] agree as follows:

1. I promise to repay and hereby assign to the Plan the proceeds of any and all recovery obtained due to the injuries caused by the third party to the extent of any benefits provided by the Plan.
2. I agree to inform the Plan of the name of the third party, and its insurance carrier, if any. At this time, I believe the names are as follows:

Third Parties

Insurance Carriers

_____	_____
_____	_____
_____	_____

3. I agree to notify my attorney, if any, of this Reimbursement Agreement and Assignment of Proceeds prior to signature.

4. I agree to do nothing to prejudice my rights against the third party and further agree to do everything reasonable to secure my right of recovery against the party responsible for my injuries, or the party's insurance carrier, if any. This includes, at the Fund's request, assigning my rights to sue the third party to the Fund, to the extent of the Fund's liability for payable benefits and to cooperate in such lawsuit.

In further consideration of the payment of benefits by the Plan, [I] [we] have read, understand, and will abide by, the "Reimbursement and Subrogation" provision set forth in the Plan's Summary Description.

Employee Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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

Signature of the injured individual,  
if different from the employee: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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

(NOTE: for minors or other protected persons, the signature of a parent or guardian on behalf of the minor or protected person is required.)