

# Island Group Administration, Inc.

Corporate Offices  
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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



11/2/2009