

**International Union of Operating Engineers**  
**Local No. 132 Trust Office**  
P.O. Box 2626 Huntington, West Virginia 25726-2626  
(304) 525-0482 or 1-800-642-3525      www.iuoe132.org

**HEALTH & WELFARE FUND**

**SUBROGATION AGREEMENT**

The undersigned hereby acknowledges that the International Union of Operating Engineers Local No. 132 Health and Welfare Fund (hereinafter the "Fund") provides for Subrogation to the extent that the Fund pays claims on loss or damage to a Participant or a Participant's Dependent which loss or damage was caused by a third party. The undersigned Participant does hereby on his/her behalf of a Dependant subrogates to the Fund any and all claims, interest and actions at law to the extent of benefits paid by the Fund on behalf of the Participant or Dependant which the Participant or Dependant may have against any third person, firm or corporation who may be liable for the loss and the undersigned hereby authorizes and empowers the Fund to sue, compromise, or settle in the name of the undersigned Participant or Dependant to the extent any such claims are paid and said Fund is fully substituted in place of the undersigned Participant or Dependent to all rights in the premises to the amount paid by the Fund.

The undersigned hereby agrees that he/she will notify their attorney or any insurance carrier responsible to them for any damages sustained of the Fund's right of subrogation pursuant to its Plan and this Agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
ID Number or SSN

→ \_\_\_\_\_  
Participant's Signature

→ \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Injured Party (please print)

\_\_\_\_\_  
Date of Accident and/or Injury

→ \_\_\_\_\_  
Signature of Injured Party

→ \_\_\_\_\_  
Date Signed

→ \_\_\_\_\_  
Signature of Witness

→ \_\_\_\_\_  
Date Signed