INJURY REPORT

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INSTRUCTIONS: GROUP BENEFITS PLAN MEMBER MUST COMPLETE AND RETURN THIS FORM TO THE THE ABOVE ADDRESS

Plan Member's Name

OGB Plan Member ID Number

Telephone Number

Patient's Name

OGB Patient Number

Date of Injury or Illness

Patient's Relationship to Plan Member

Patient's Date of Birth

Select best description of your injury or illness:

- ☐ Non-work-related motor vehicle accident
- ☐ Work-related motor vehicle accident
- ☐ Work-related illness or injury
- ☐ Other illness
- ☐ Accident that occurred on your own property
- ☐ Accident that occurred on someone else's property

Describe accident and your injuries or illness:

Name and address of person causing accident or injury

Name of liability insurer for person causing accident or injury

Name, address and telephone and fax numbers of claims adjuster

Accident claim number _____

Name, address and telephone and fax numbers of your attorney

Was a Motor Vehicle Accident Report completed? Yes☐ No☐
If yes, give name of law enforcement agency that filed report and attach copy of report to this form.

If this was not a motor vehicle accident, give name and address of owner of premises where accident occurred.

Subrogation and Reimbursement

Upon payment of any eligible Benefits covered under this Plan, the Office of Group Benefits shall succeed and be subrogated to all rights of recovery of the covered Employee, his Dependents or other Covered Persons, or their heirs or assigns, for whose benefit payment is made, and they shall execute and deliver instruments and papers and do whatever is necessary to secure such rights, and shall do nothing after loss to prejudice such rights.

The Office of Group Benefits has an automatic lien against and shall be entitled, to the extent of any payment made to a covered Employee, his Dependents or other Covered Persons, to 100% of the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of a covered Employee, his Dependents or other Covered Persons, against any person or entity legally responsible for the disease, illness, accident or injury for which said payment was made.

To this end, covered Employees, their Dependents, or other Covered Persons agree to immediately notify the Office of Group Benefits of any action taken to attempt to collect any sums against any person or entity responsible for the disease, illness, accident or injury.

These subrogation and reimbursement rights also apply when a Covered Person recovers under, but not limited to, an uninsured or underinsured motorist plan, homeowner's plan, renter's plan, medical malpractice plan, worker's compensation plan or any general liability plan.

Under these subrogation and reimbursement rights, the Office of Group Benefits has a right to first recovery to the extent of any judgment, settlement, or any payment made to the covered Employee, his Dependents or other Covered Persons. These rights apply regardless of whether such recovery is designated as payment for, but not limited to, pain and suffering, medical benefits, or other specified damages, even if he is not made whole (i.e., fully compensated for his injuries).

NOTE: This means you MUST provide us with the name and address of the claims adjuster handling your file and your attorney's name and address if you hire one.