



Subrogation (Trusts/Annuities/Court Settlements)

TO: DADS, Provider Claims, E-400

FROM:

Mail Code:

Date:

| | | |
|---|---|---------------------------------|
| Client Name | Recipient Number | Vendor Number |
| Name of Authorized Representative (AR) | AR's Telephone Number (include Area Code) | |
| AR's Address (Street/P.O. Box, City, State, ZIP Code) | | |
| Type of Instrument <input type="checkbox"/> Special Needs Trust <input type="checkbox"/> QIT <input type="checkbox"/> Pooled Trust <input type="checkbox"/> Annuity <input type="checkbox"/> Personal Injury Claims, Torts, Lawsuits | | Approximate Amount of Principal |

TRUSTS (including special needs trust)

| | |
|--|------------------------------------|
| Name of Trustee | Trustee's Telephone No. (inc. A/C) |
| Trustee's Address (Street/P.O. Box, City, State, ZIP Code) | |

ANNUITIES

| | |
|---|-----------------------------|
| Name of Insurance Company | Telephone Number (inc. A/C) |
| Address of Insurance Company (Street/P.O. Box, City, State, ZIP Code) | |

PERSONAL INJURY CLAIMS/TORTS/LAWSUITS

| | |
|--|-----------------------------|
| Name of Attorney/Court/Insurance Company | Telephone Number (inc. A/C) |
| Address (Street/P.O. Box, City, State, ZIP Code) | |