

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)	