

ASSIGNMENT OF PRO RATA REFUND

I, the undersigned, hereby assign to the State of Florida, through its agent, _____ (CBO), any interest that I might have in any unearned premium which may be due me under this insurance policy. I hereby instruct the insurance company to promptly deliver the said unearned premium to:

**Health Planning Council of SW Florida, Inc
8961 Daniels Center Drive Suite 401
Ft Myers, fl 33912**

Please notify the aforementioned agency immediately upon the determination that such funds are due. I acknowledge and give my consent for the distribution of this document to my insurance carrier(s), insurance administrator(s), and employer(s) for their records. A facsimile of this document is as effective as the original.

Insured's Signature Date

Witness' Signature Date

Insured's Printed Name Date

Witness' Printed Name Date

ACKNOWLEDGMENT OF CLAIM AGAINST ESTATE

I hereby acknowledge a claim against my estate for any unearned premium(s) which may have been erroneously distributed to me or my estate. I hereby agree to promptly return to the State of Florida Department of Health, with _____ (CBO) acting as its agent, any unearned premium refund that I might receive and that, in the event that any action for the collection of the same should be brought by the CBO against me or my estate, I agree to be liable for attorney's fees and court costs in addition to said refunded premium.

Insured's Signature Date

Witness' Signature Date

Insured's Printed Name Date

Witness' Printed Name Date