



ASSIGNMENT OF REIMBURSEMENT

(Type or Print)

I hereby authorize the _____ Insurance Company

 (Address)

or any other insurance company, insurer, designated representative, or my attorney, if I should recover on any claim through process of law or negotiation, to remit to the North Carolina Division of Services for the Blind (DSB) any monies due to me arising out of my illness or injury.

This assignment is limited to the amount I am entitled to receive or recover from any of the above sources, individually and severally, or the amount actually expended by said Agency in my behalf, whichever is less.

 (Date)

(Individual's Signature)

 (Witness)

 (Individual's Name Typed)

Address: _____

VR Counselor: _____

Phone: _____

Office Address: _____

Authorization No: _____

Phone: _____

Fax No: _____

- Copies:
- 1 to Assigner (Individual)
 - 1 to DSB District Office
 - 1 to Controller's Office
 - 1 to Insurance Carrier (By Certified Mail)
 - 1 to Individual's Employer as Appropriate (By Certified Mail)
 - 1 to Attorney for Individual (By Certified Mail)
 - 1 to each of sources applicable as above specified. If the applicant or individual is insured by more than one insurer, each source must have a copy with its own corporate name and address in the appropriate blanks.