UPDATED MARCH 2015

ASSIGNMENT OF PRO RATA REFUND

I, the undersigned, hereby assign to Hillsborough County Government and/or the Florida Department of Health in Pinellas County, through its agent, **Suncoast Health Council, Inc.**, any interest that I might have in any unearned premium which may be due to me under this health insurance policy. I hereby instruct the insurance company to promptly deliver the unearned premium to:

Suncoast Health Council, Inc.
9600 Koger Boulevard – Suite 221
St. Petersburg, Florida 33702

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 **Witness' Printed Name**

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 Hillsborough County Government and/or the Florida Department of Health in Pinellas County, with Suncoast Health Council, Inc. acting as its agent, any unearned premium refund that I might receive and that, in the event that any action for the collection of 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 **Witness' Printed Name**

PLEASE RETURN BY MAIL OR FAX TO:

Suncoast Health Council, Inc. Attn: Barbara Hay 9600 Koger Blvd - #221 St. Petersburg, FL 33702 FAX (727)570-3033