



## General Right of Recovery Notice and Reimbursement Agreement

### *Rapid Pay Income Replacement<sup>sm</sup> Advance Payment*

The EPIC Life Insurance Company (EPIC) utilizes a Rapid Pay Short Term Disability (STD) procedure for certain, eligible claims. Part of the Rapid Pay procedure is to issue an advance payment on eligible claims that are anticipated to be approved. Payment under the Rapid Pay procedure does not constitute approval of the claim. If EPIC issues an advance payment and at a later date, determines that your initial application for STD benefits is not payable, you will be responsible for remitting the advance payment in full, pursuant to your policy’s General Right of Recovery provision (see below). EPIC will not request that you remit the advance payment if your claim is initially approved (confirmed by receipt of a written notice of approval), payments are made and then terminated at a later date.

### *General Right of Recovery*

If we pay any monies or benefits that are not due or payable under the policy, including, but not limited to, benefits paid in error by us, we have the right to be repaid to the full extent of such overpayment. We shall be repaid to the full extent of such overpayment. We can recover such excess payments from any person, organization or institution to, for, or with respect to whom such monies were paid by us. If we cannot recover such excess payments from any other source, we can recover them from you or any of your dependents. When we request that you pay us an amount of the excess payments, you agree to pay us such amount immediately upon our notification to you. We may, at our option, reduce any future payments for which we are liable under the policy by the amount of the excess payments, in order to recover such payments.

We will reduce such benefits otherwise payable until the excess payments are recovered by us. Our rights of recovery under this subsection are in addition to any rights we have under common law with respect to such overpayment.

### *Agreement*

I hereby agree to reimburse EPIC for any and all advance payment(s) made to me under the Claim/Policy listed below if my initial application for STD benefits is not approved. I agree to remit the entire advance payment amount upon receipt of notice, regardless of whether I decide to appeal the decision.

\_\_\_\_\_  
Claimant Name (please print)

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

<u>For Office Use Only</u>
Claim #: _____
Policy #: _____