

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS ON AND AFTER 3/1/02)

I, _____, ("Assignor") hereby assign to, _____, ("Assignee") all rights
privileges and remedies to which I am entitled under Article 51 (the No-fault provisions) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue
payment directly from the Assignor for services provided to said Assignee for injuries sustained due to the motor vehicle
accident which occurred on _____, notwithstanding any prior written agreement to the contrary.

This agreement shall become null and void if at any time it is determined that benefits are not payable due to the following
circumstances: lack of coverage, violation of a policy condition, or determination that the treatments/services rendered
are not related to said motor vehicle accident.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON
FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION,
OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS
A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED
FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

(Signature of patient)

(Address)

(Signature of provider)

(Address)

(Date)