

RECEIPT AND RELEASE MEDICAL PAYMENTS COVERAGE

In consideration of the payment to me or on my behalf, the sum of _____ Dollars (\$ _____)

by _____, hereinafter called the company, the receipt of which is hereby acknowledged, I forever and fully release and discharge the company, its assignees and successors, from any and all liability whatsoever under the Medical Payments Coverage which was issued to _____

under policy number _____ by the company, from an accident which occurred on or about _____ and resulted in injuries to my person.

WITNESS(ES):

Witness

Witness

Claim Number

SIGNATURE(S):

Signature

Signature

Date

NOTARY:

State of _____; County of _____; SS

On this _____ day of _____, 20____, before me appeared _____

who is known to be the person(s) named herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires