

February 4, 2016

Mr. Roy L. Cordes, Jr.
Fort Bend County Attorney
401 Jackson St., 3d Floor
Richmond, TX 77469

Re: Full and Final Settlement of Fort Bend County's subrogation claim against me arising out of automobile accident in April 2015.

Dear Mr. Cordes:

This confirms our agreement that I will pay Fort Bend County Employee Benefit Medical Plan \$2,500.00 in full and final satisfaction of any and all subrogation claims arising out of my automobile accident of April 2015. In consideration of my payment, Fort Bend County Employee Benefit Medical Plan releases me from any and all claims relating to this subrogation matter.

I understand that the Commissioners Court must approve this settlement. As soon as that occurs, I will deliver the check to you.

Regards,

Signed by Employee

*Employee's name removed for
privacy purposes*

AGREED FOR
FORT BEND COUNTY EMPLOYEE BENEFIT PLAN

By: _____

Risk Manager Authorized to sign pending approval by Commissioners Court