

**AUTHORIZATION FOR INSURANCE COMPANY TO INCLUDE
DEDUCTIBLE IN SUBROGATION CLAIMS**

To: Office of the Staff Judge Advocate, Fort Belvoir
ATTN: Claims Office
9990 Belvoir Drive, Building 257
Fort Belvoir, VA 22060-6107

I, _____, hereby authorize my insurance company
(Name of Insured)

_____ to act as my agent in recovery of my
(Name of Insurance Company)

agent in recovery of my insurance deductible of \$_____, incurred as a result of an

incident that occurred on or about _____.

Insurance company's claim number: _____

(Signature of Insured)

(Date Signed)

Note: This form is required for FTCA claims when the Standard Form 95 is signed by the insurance company "as subrogee and agent of the insured."