

## **US Benefits/UMTA Trust Agreement**

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**Disclosure of Personal Data.** You agree to the disclosure of personal data (including but not limited to your Social Security number, medical treatment and other medical information, name, address, age, date of birth, and credit card or other billing information) to the appropriate health care service provider, your employer's health care benefit administrator staff, health insurance payors and claims processing personnel for the purpose of processing and/or paying your health care benefit claims.

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**Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon (excluding its conflicts of law rules). You consent to the jurisdiction of the state and federal courts located in the State of Oregon for all disputes related to this Agreement.