

MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund
Michigan Carpenters' Pension Fund

Managed for the Trustees by:
TIC MIDWEST

ASSIGNMENT OF BENEFITS

I, _____, have become married to _____, who has minor child/children from a previous marriage/relationship. I am further advised that said child/children, _____, were to have medical, dental, and/or vision coverage provided by their natural father/mother. This requirement is contained in the divorce decree/paternity papers. However, at this time coverage is not being provided as required. In the event that coverage pursuant to the divorce decree/paternity papers is, or becomes available, we hereby assign any claims or causes of action to the Health & Welfare Fund in consideration of the Fund paying claims submitted on behalf of these minor children.

Participant Signature

Date

ID#

Spouse Signature

Date

Subscribed and sworn to before me, a Notary Public,

This _____ day, of _____, 20____.

Notary Public

_____ County, MI.

My commission expires:_____