## MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund Michigan Carpenters' Pension Fund Managed for the Trustees by: TIC INTERNATIONAL CORPORATION

## 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, |      |     |  |
| Thisday, of   | , 20 |     |  |
| Notary Public                                       | ·    |     |  |
| County, MI.   |      |     |  |
| My commission expires:                              |      |     |  |