MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund Michigan Carpenters' Pension Fund

Managed for the Trustees by: TIC INTERNATIONAL CORPORATION

CREDIT FOR YEARS OF SERVICE FOR OTHER EMPLOYMENT

This service is called Contig		reement with the Michigan Carpenters' Pension Fundament	u.
F 1 Y		XXX-XXSocial Security or ID #	_
Employee Name		Social Security of ID #	
require contributions to be re to any period that the emplo	emitted to the Pension Fund.	employed by your Company in a capacity that did not Please complete the following questions with regard ganization. Please return this form to the Fund Office quest.	ds
Name of Employer _			
Address			
Phone Number			
– Please complete the followi	ng information based on the	Plan Year which is the calendar year September 1	l st
_	ng information based on the	Plan Year which is the calendar year September 1 TYPE OF WORK PERFORMED	1 st
Please complete the followithrough August 31st.			l st
Please complete the followithrough August 31st.			l st
Please complete the followithrough August 31st.			1 st
Please complete the followithrough August 31st.			1 st
Please complete the following through August 31st. PERIOD WORKED	HOURS WORKED	TYPE OF WORK PERFORMED	1 st
Please complete the followithrough August 31st.	HOURS WORKED		1 st