

# HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL 47 FRINGE BENEFIT FUNDS

Heat & Frost Insulators and Allied Workers Local 47 Welfare Fund  
Heat & Frost Insulators and Allied Workers Local 47 Retirement Trust Fund

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

## ASSIGNMENT OF BENEFITS

I, (Print full name) \_\_\_\_\_

Member ID or SS#: \_\_\_\_\_ have become married to (Print full name) \_\_\_\_\_, 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 Heat & Frost Insulators and Allied Workers Local 47 Welfare Fund in consideration of the Fund paying claims submitted on behalf of these minor children.

Participant \_\_\_\_\_

Date \_\_\_\_\_

Spouse \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me a Notary Public

this \_\_\_\_\_ day, of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, MI.

My commission expires: \_\_\_\_\_