

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 _____ 19_____.

Notary Public

_____ County, MI.

My commission expires: _____