

Michigan Laborers' Health Care Fund
 Michigan Laborers' Pension Fund
 Michigan Laborers' Annuity Fund
 Michigan Laborers' Vacation Fund
 Michigan Laborers' Training and
 Apprenticeship Fund
 Michigan Laborers' and Employers'
 Cooperation & Education Trust Funds
 Managed for the Trustees by:
 TIC International Corporation

Michigan Laborers' Fringe Benefit Funds

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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 Michigan Laborers' Health Care 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: _____