

MICHIGAN BAC FRINGE BENEFIT FUNDS

Michigan BAC Health Care Fund
Michigan BAC Pension Fund
Michigan BAC Apprenticeship Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

ASSIGNMENT OF BENEFITS

I, (Print full name) _____,

Member Identification Number: _____ 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 BAC

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: _____