

IBEW LOCAL NO. 9

FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund
IBEW Local No. 9 and Line Clearance Contractors 401k Retirement Plan

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 IBEW Local 9 Line Clearance Contractors' Health & Welfare Fund in consideration of the Fund paying claims submitted on behalf of these minor children.

Participant's Signature _____

Date _____

Spouse's Signature _____

Date _____

Subscribed and sworn to before me a Notary Public

this _____ day, of _____ 2____.

Notary Public

_____ County, MI.