



Laborers' Metropolitan Detroit Health Care Fund

Local #1076 and #1191

6525 Centurion Drive • Lansing, MI 48917-9275

(517) 321-7502 • FAX (517) 321-7508

Toll Free in Michigan • (800) 228-0048

www.metrodetroitlaborers.org

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 Laborers' Metropolitan Detroit 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: _____