



PLUMBERS AND PIPEFITTERS LOCAL #333 FRINGE BENEFIT FUNDS



ASSIGNMENT OF BENEFITS

I, _____ have become married to _____ 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 Plumbers & Pipefitters Local #333 Fringe Benefit Funds in consideration of the Fund paying claims submitted on behalf of these minor children.

Participant _____ **Date** _____

Spouse _____ **Date** _____

Member Identification #: _____

Subscribed and sworn to before me a Notary Public
this _____ day, of _____ 20____.

Notary Public

_____ County, _____
State

My commission expires: _____