

MICHIGAN STATE PAINTERS INSURANCE FUND

ASSIGNMENT OF BENEFITS

I, (Print Full Name) _____

(Member Identification Number) _____ have become

married to (Spouse's 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 State Painters Insurance Fund in

consideration of the Fund paying claims submitted on behalf of these minor children.

Participant Signature

Date

Spouse Signature

Date

Subscribed and sworn to before me a Notary Public

this _____ day, of _____ 20 _____.

Notary Public

_____ County, MI.

My commission expires: _____