

Heat & Frost Insulators Local 17 Benefit Funds

18520 Spring Creek Drive, Suite B, Tinley Park, Illinois 60477 • (708) 468-8000 • Fax (708) 468-8018

Board of Trustees:

JOHN CRINION, *Chairman*
THOMAS McGRATH

PETER CASTELLARIN, *Vice Chairman*
JEFFREY CORRADO

WILLIAM MANGIN, *Administrator*
MARY McMULLIN, *Assistant Administrator*

Please check off below:

_____ **No - I do not authorize payment to a Third Party Individual**

Please sign form and return.

_____ **Yes - I authorize payment to a Third Party Individual.**

Please continue to fill out form, sign and return.

AUTHORIZATION TO PAY BENEFITS

I, _____, the undersigned do hereby authorize the International Association of Heat and Frost Insulators Local 17 Welfare Fund to pay medical, dental and/or optical benefits on my children, which otherwise would be payable to me, to my dependent(s) custodial parent _____, Social Security # _____, for any charges he/she incurs and pays for on behalf of my children

(Names of minor children)

(Address)

This authorization is continued in force until I withdraw the same in writing to the Administrator of the International Association of Heat and Frost Insulators Local 17 Welfare Fund: 18520 Spring Creek Drive, Tinley Park, IL 60477

Signature

Date