

LiUNA! LOCAL 506 GROUP LEGAL CLAIM FORM

Social Insurance Number

Member Union Number

This section is to be completed by the plan member. Please print clearly in ink.

1 Plan Member's Information

Last Name:		First Name:		Middle Name:	
Address:		City:		Province:	Postal Code:
Phone #:	Cell #:		Email:		
Claim For:	Plan Member: <input type="checkbox"/>	Dependent: <input type="checkbox"/>	Both: <input type="checkbox"/>	Dependents Name:	Relationship:

2 Family Matter Claims For the Dependent Spouse (Complete if Applicable)

Address:		City:		Province:	Postal Code:
Phone #:	Cell #:		Email:		

Payment will be issued to the Spouse or the Lawyer as requested below.

3 Service Provider Information

Service Provider's Information:					
Phone #:	Email:		Dates of Service:		MM / DD / YYYY
Description of Services:					
Legal Fees Billed: \$ _____ (Excluding disbursements and taxes)			Matter is:	Completed: <input type="checkbox"/>	Continuing: <input type="checkbox"/>

The Group Legal Benefit Plan will only be responsible for the payment of legal services set out in the current schedule of benefits up to the maximum amount indicated.

Payment to be issued to:	Plan Member: <input type="checkbox"/>	Dependent Spouse (family matters only): <input type="checkbox"/>		Service Provider: <input type="checkbox"/>
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THIS FORM MUST BE ACCOMPANIED BY AN ITEMIZED STATEMENT OF ACCOUNT ON LEGAL LETTERHEAD SETTING OUT THE DATES OF SERVICE, DESCRIPTION OF THE SERVICES PROVIDED AND INDICATE THE LEGAL FEE BILLED SEPERATE FROM DISBURSEMENTS AND TAXES. HIGHWAY TRAFFIC ACT CLAIMS MUST BE SUBMITTED WITH A COPY OF THE TRAFFIC TICKET OR A NOTICE OF TRIAL.

Print Name: _____ Signature: _____ Date: MM / DD / YYYY

I acknowledge having the described services provided by the aforementioned service provider and hereby waive the Solicitor Client privilege in respect to documentation required to be released to adjudicate and process this claim for benefit.

MAIL CLAIM TO: LiUNAcare Local 506, 3750 Chesswood Drive - Suite 1, Toronto, ON M3J 2W6

4 Real Estate Affidavits (Complete if Applicable)

The following section(s) must be completed for the purchase or sale of the Plan Member's principal family residence. Purchase or sale of an income producing or commercial property is not covered under the plan.

Purchase of Family Dwelling

I _____ solemnly swear that the property which was purchased (excluding vacation property) shall be used as a principal residence for myself and my family effective the date of closing.

Address of Property:		
City:	Province:	Postal Code:

Signature: _____ Date: MM / DD / YYYY

Sale of Family Dwelling

I _____ solemnly swear that the property which was sold (excluding vacation property) was a principal residence for myself and my family immediately prior to its sale.

Address of Property:		
City:	Province:	Postal Code:

Signature: _____ Date: MM / DD / YYYY

5 Client Waiver (THIS SECTION MUST BE COMPLETED)

I authorize Benefit Plan Administrators Limited to collect and exchange personal information about me and/or my dependents to process this claim and administer my group legal benefit plan. I understand any personal information obtained by Benefit Plan Administrators Limited will be kept confidential and, where necessary, Global Benefits will be exchanging my personal information. I authorize the following persons to exchange with Benefit Plan Administrators Limited or each other, any of my personal information in their possession: any legal counsel and/or agent, the plan administrator, government agency, auditing or independent investigative organization. I authorize the use of my Social Security Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

Signature: _____ Phone Number: _____ Date: MM / DD / YYYY