

LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund



## LIUNA LOCAL 183 MEMBERS' GROUP LEGAL & PAID LEAVE TRUST FUND

# HOW TO SUBMIT A CLAIM FOR A NAME CHANGE

Pursuant to the provisions of the Fund, this is the required documentation:

- 1 **Member** to complete and sign **Page 1** of the attached claim form;
- 2 Lawyer to complete and sign Page 2 of the attached claim form;
- 3 A copy of the Application of Name Change and
- 4 A copy of the **Statement of Account**.

Please submit all the required claim forms and supporting documentation:

BY MAIL
LiUNA Local 183 Members' Group Legal &
Paid Leave Trust Fund Office

1263 Wilson Avenue – Suite 207 Toronto, ON M3M 3G2

> BY FAX F 416-243-2281

**QUESTIONS? P** 416-243-2088

Please keep a copy of your application package for your records and to substantiate your claim.

## LIUNA LOCAL 183 MEMBERS' GROUP LEGAL AND PAID LEAVE TRUST FUND

1263 WILSON AVENUE - SUITE 207, TORONTO, ON M3M 3G2 P 416-243-2088 | F 416-243-2281

#### **CLAIM FOR LEGAL BENEFITS**

**PAGE 1 -** To be completed by **MEMBER**:

Na	me									
	Last	First		Social Insurance Number						
Address Street Telephone Number		City	Province	Postal Code  puse Date of Birth (D/M/Y)						
		Name of Spouse	Spous							
1	Legal Services are for:	Member	Spouse	1						
2	I direct the Plan to pay the legal services benefit to:									
TE	RMS AND CONDITIONS:	Member	Spouse	Lawyer/Paralegal						
i.	Members are responsible for the selection of a Lawyer/Paralegal of their own choice. The Plan is not responsible for the quality of service provided by the Lawyer/Paralegal, nor is the Plan responsible for the fees or disbursements, charged by the Lawyer/Paralegal.									
ii.	The Plan's sole and exclusive responsibility is to reimburse eligible participants and their spouses for legal service benefits in accordance with the Legal Services Plan adopted by Trustees of the LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund. Plan Members should confirm their eligibility for benefits and the amount of their entitlements, before retaining a Lawyer/Paralegal.									
	AIVER OF SOLICITOR - CLI st be signed by person who receives le	_								
Ι,		, hereby w	aive solicitor-clien	t privilege in						
LiU sha 2 o the	(Name-Please Print) Innection with the legal services INA Local 183 Members' Group Ill have full access to all docume If this 2-page application. I also purposes of processing this Cla Intertify that the above information above.	Legal and Paid Leave ants, records and files per hereby consent to the unim.	Frust Fund, their L rtaining to the lega se of my Social In	awyers and employees who I services described in Page surance Number (S.I.N.) for						
	nature of person receiving legal service efit & if different from member, also>	Signature of	Member	Date						
		OFFICE USE O	NLY							
		AUTHORIZ/	ATION:							

## LIUNA LOCAL 183 MEMBERS' GROUP LEGAL AND PAID LEAVE TRUST FUND

### PAGE 2 - To be completed by LAWYER / PARALEGAL:

1	Na							
						Telephone Number		
2	Na	me of Client:						
						Date of Birth		
3	Da	ate you were retained to provide the services below:						
4	If y	our services involve <b>real</b>	estate, is	the property to:				
		Reside / Resided		Rent / Investment	]	Vacation Property		
5	ΑD	DITIONAL INFORMATIO	N:					
	i.	LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund ("the TRUST") has no duties, responsibilities or obligations and makes no representations to the Lawyer, Law Firm or Paralegal providing legal services to its members. The Trust's obligations are solely and exclusively to its member, and strictly defined and limited by the Legal Services Benefit currently in effect.						
ii. In order for an Eligible Member or Spouse to be reimbursed, the Trust requires a Staten Account describing the precise nature of services provided, plus any other supplements requested in the instructions.								
	iii.	All <b>accounts</b> must be pr			•	<i>ı</i> Firm or Paralegal.		
			DES	CRIPTION OF SERV	ICE:			
		PURCHASE		WILL		SEPARATION AGREEMENT		
		SALE		P.O.A.		DIVORCE		
		MORTGAGE		CODICIL		CHILD SUPPORT		
		TRANSFER		IMMIGRATION		CUSTODY		
		DISCHARGE		HTA (ONTARIO)		ADOPTION		
						CHANGE OF NAME		
Date of Service			Matter i	s: Continuir	g Completed			
An	noui	nt of Legal Fees Billed (I	No HST aı	nd no Disbursement	ts) \$			
Sig	natur	e of Lawyer/Paralegal			Di	ate		

SUBMIT CLAIM FORM TO:

LiUNA Local 183 Members' Group Legal & Paid Leave Trust Fund Office

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