

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 CUSTODY

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 **Court Order** or any **enforceable signed Agreement between the parties** 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
2400 - 200 Labourers' Way
Vaughan, ON L4H 5H9

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

2400 -200 Labourers' Way, Vaughan, ON L4H 5H9 P 416-243-2088 | F 416-243-2281

CLAIM FOR LEGAL BENEFITS

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

Na	me	 .		The state of the s						
	Last	First		Social Insurance Number						
Ad	dress Street	City	Province	Postal Code						
	Telephone Number	Name of Spouse	Spous	e Date of Birth (D/M/Y)						
1	Legal Services are for:	Member	Spouse							
2	I direct the Plan to pay the lega	al 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 - CLIE st be signed by person who receives leg	_								
Ι,	(Name-Please Print)	, hereby w	vaive solicitor-client	privilege in						
LiU sha 2 o the	Innection with the legal services annection with the legal services and all have full access to all document this 2-page application. I also be purposes of processing this Claretify that the above information above.	Legal and Paid Leave nts, records and files pe hereby consent to the uim.	Trust Fund, their La ertaining to the legal use of my Social Ins	awyers and employees who I services described in Page surance Number (S.I.N.) for						
	nature of person receiving legal service lefit & if different from member, also>	Signature of	Member	Date						
		OFFICE USE O	NLY							
		AUTHORIZA	ATION:							

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

PAGE 2 - To be completed by LAWYER / PARALEGAL:

1	Na	ame and address of Lawyer, Law Firm or Paralegal:						
						Telephone Number		
2	Na	me of Client:						
						Date of Birth		
3	Da	te you were retained to pro	vide the	services below:		D (0.4 11.07)		
						Day/Month/Year		
4	If y	our services involve real of	estate, is	the property to:				
		Reside / Resided		Rent / Investment		Vacation Property		
5	AD	DITIONAL INFORMATION	۷:					
	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 Statement of Account describing the precise nature of services provided, plus any other supporting documents requested in the instructions .						
	iii.	All accounts must be prin	nted on th	e letterhead of the l	_awyer, Law	Firm or Paralegal.		
			DESC	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: Continuin	g Completed			
Ar	nour	nt of Legal Fees Billed (N	o HST an	d no Disbursemen	ts) \$			
Sin	natur	e of Lawver/Paralegal			D	ate		

SUBMIT CLAIM FORM TO:

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

2400 -200 Laboures' Way Vaughan, ON L4H 5H9 **P** 416-243-2088 **F** 416-243-2281