

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 DISCHARGE

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 registered **Discharge** 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	l						
2	I direct the Plan to pay the lega	ect 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 - 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	Name and address of Lawyer, Law Firm or Paralegal:					
						Telephone Number	
2	Na	me of Client:					
						Date of Birth	
Date you were retained to provide the services below:						Day/Month/Year	
4	If y	our services involve re	al estate, is	the property to:			
		Reside / Resided] ,	Rent / Investment		Vacation Property	
5	AD	DITIONAL INFORMAT	ION:				
	i.	responsibilities or oblig	d ("the TRUST") has no duties, Lawyer, Law Firm or Paralegal re solely and exclusively to its efit currently in effect.				
ii. In order for an Eligible Member or Spouse to be reimbursed, the Trust requires a Spouse to be reimbursed, the Trust requires a Spouse describing the precise nature of services provided, plus any other documents requested in the instructions.							
	iii.	All accounts must be			-	Firm or Paralegal.	
			DESC	CRIPTION OF SERV	VICE:		
		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	is: Continuin	g Completed		
		nt of Legal Fees Billed					
Sig	inature	e of Lawver/Paralegal			Da	te	

SUBMIT CLAIM FORM TO:

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

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