

LiUNA!care

LOCAL 183

BUILDING HEALTHY FUTURES

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

GROUP LEGAL APPLICATION
Will and Power of Attorney (POA)



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

HOW TO SUBMIT A CLAIM FOR A WILL AND POWER OF ATTORNEY

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 **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.

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

PAGE 1 - To be completed by MEMBER:

Name _____

Last First Social Insurance Number

Address _____
 Number _____ Street _____ City _____ Province _____ Postal Code _____

<u>Telephone Number</u>	<u>Name of Spouse</u>	<u>Spouse Date of Birth (D/M/Y)</u>
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1 Legal Services are for: Member ☐ Spouse ☐

2 I direct the Plan to pay the legal services benefit to:

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.

(Must be signed by person who receives legal services)

I, _____, hereby waive solicitor-client privilege in
(Name-Please Print)

connection with the legal services for which I am making a claim for benefit, in favor of the Trustees of LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund, their Lawyers and employees who shall have full access to all documents, records and files pertaining to the legal services described in Page 2 of this 2-page application. I also hereby consent to the use of my Social Insurance Number (S.I.N.) for the purposes of processing this Claim.

I certify that the above information is true and that I understand and accept the terms and conditions set out above.

Signature of person receiving legal service benefit & if different from member, also>

Signature of Member

Date _____

OFFICE USE ONLY:

AUTHORIZATION: _____

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

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

1 Name and address of Lawyer, Law Firm or Paralegal: _____

Telephone Number

2 Name of Client: _____
Date of Birth

3 Date you were retained to provide the services below: _____
Day/Month/Year

4 If your services involve **real estate**, is the property to:

Reside / Resided ☐

Rent / Investment ☐

Vacation Property ☐

5 **ADDITIONAL INFORMATION:**

- 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 printed on the **letterhead** of the Lawyer, Law Firm or Paralegal.

DESCRIPTION OF SERVICE:

- | | | |
|---|---|--|
| <input type="checkbox"/> PURCHASE | <input type="checkbox"/> WILL | <input type="checkbox"/> SEPARATION AGREEMENT |
| <input type="checkbox"/> SALE | <input type="checkbox"/> P.O.A. | <input type="checkbox"/> DIVORCE |
| <input type="checkbox"/> MORTGAGE | <input type="checkbox"/> CODICIL | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> CUSTODY |
| <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> HTA (ONTARIO) | <input type="checkbox"/> ADOPTION |
| | | <input type="checkbox"/> CHANGE OF NAME |

Date of Service _____

Matter is: Continuing ☐

Completed ☐

Amount of Legal Fees Billed (No HST and no Disbursements) \$ _____

Signature of Lawyer/Paralegal

Date

SUBMIT CLAIM FORM TO:
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& Paid Leave Trust Fund Office
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