



Legal Services Claim Form

TEAMSTERS LOCAL UNION 230 GROUP LEGAL BENEFIT PLAN

Member Information

Employer	Certificate Number	Date of Birth Month Day Year		
Last Name		First Name	Middle Name (Optional)	
Mailing Address		City	Province	Postal Code
Phone Number	Cell Number	Email Address		

Dependent Information (If claim for dependent)

Last Name	First Name	Date of Birth Month Day Year	Relationship to Member	
Mailing Address	<input type="checkbox"/> Same as member	City	Province	Postal Code

Legal Services Provider Information

For services provided by lawyers and paralegals who are licensed, insured and qualified in accordance with the Law Society of Upper Canada

Name of Lawyer/Firm				
Address		City	Province	Postal Code
Phone Number		Email Address		

Description of services provided including service codes – refer to attached listing

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Claimant <input type="checkbox"/> Member <input type="checkbox"/> Dependent	Status of completion <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed	Legal Fees Billed (excluding disbursements & taxes) \$ _____	Amount to be made payable to <input type="checkbox"/> Lawyer <input type="checkbox"/> Spouse <input type="checkbox"/> Member <input type="checkbox"/> Dependent	
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Authorization and Consent

I acknowledge having received the legal services described by the aforementioned law firm and hereby waive Solicitor Client privilege in respect to the information and/or documentation required to be released to adjudicate and process the claim for benefit. I understand that the Legal Benefit Plan will only be responsible for payment for legal services to the extent provided for in the current schedule of benefits.

_____ Member Signature (must be in ink)	_____ Month Day Year Date Signed
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Legal Services Claim Form

TEAMSTERS LOCAL UNION 230 GROUP LEGAL BENEFIT PLAN

Purchase of Family Dwelling *(Please refer to Legal brochure)*

Address of Property

I, _____, hereby certify that the property that I have purchased (excluding vacation property) shall be used as my principal residence for myself and my family, effective from the date of closing.

Member Signature

Month Day Year

Date Signed

Sale of Family Dwelling

Address of Property

I, _____, hereby certify that the property that I have sold for which I am submitting the legal claim was my principal residence for myself and my family, immediately prior to its sale.

Member Signature

Month Day Year

Date Signed

