

**STATEMENT OF CLAIM  
 FOR  
 LEGAL SERVICES REIMBURSEMENT BENEFIT  
 (See Reverse Side for Instructions)**

**TO BE COMPLETED BY THE MEMBER  
 (ALL QUESTIONS #1 THRU #9 MUST BE ANSWERED FULLY FOR PROMPT PROCESSING OF THIS CLAIM)**

1. Employee's Name (Print) First Name Middle Initial Last Name

\_\_\_\_\_

Identification Number (Social Security Number) \_\_\_\_\_  Active  Retired Telephone No. \_\_\_\_\_

2. Address: No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Employee's description: Date of birth Month Day Year \_\_\_\_\_ 4. Email: \_\_\_\_\_

Sex:  Male  Female

Marital Status:  Single  Married

5. Name of Company or Store \_\_\_\_\_

Address: No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Employment Status:  Full Time  Part Time  Retired

7. This claim is for Legal Services rendered solely to:  
 Myself  An eligible dependent

If a dependent, answer the following:

(a) Dependent's Full First Name \_\_\_\_\_

(b) Dependent's Last Name if different from member's \_\_\_\_\_

(c) Relationship \_\_\_\_\_ Date of birth Month Day Year \_\_\_\_\_

Sex:  Male  Female

Marital Status:  Single  Married

8. Type of problem handled for which reimbursement of legal costs is sought (check applicable box):

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Matrimonial	<input type="checkbox"/> Criminal — DWI	<input type="checkbox"/> Consumer Contract Suit
<input type="checkbox"/> Landlord-Tenant	<input type="checkbox"/> Adoption	<input type="checkbox"/> Criminal — Misd. or Fel.	<input type="checkbox"/> Change of Name
<input type="checkbox"/> Wills	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Family Court	<input type="checkbox"/> Civil Court Proceedings
			<input type="checkbox"/> Other

9. Is this the first claim submitted on this individual for this calendar year?  Yes  No

10. Total dollar amount of covered legal cost bills submitted with this claim. \$ \_\_\_\_\_

I hereby authorize my attorney to release any information requested with respect to this claim and the attached bills. I certify that the information furnished by me in support of this claim is true and correct.

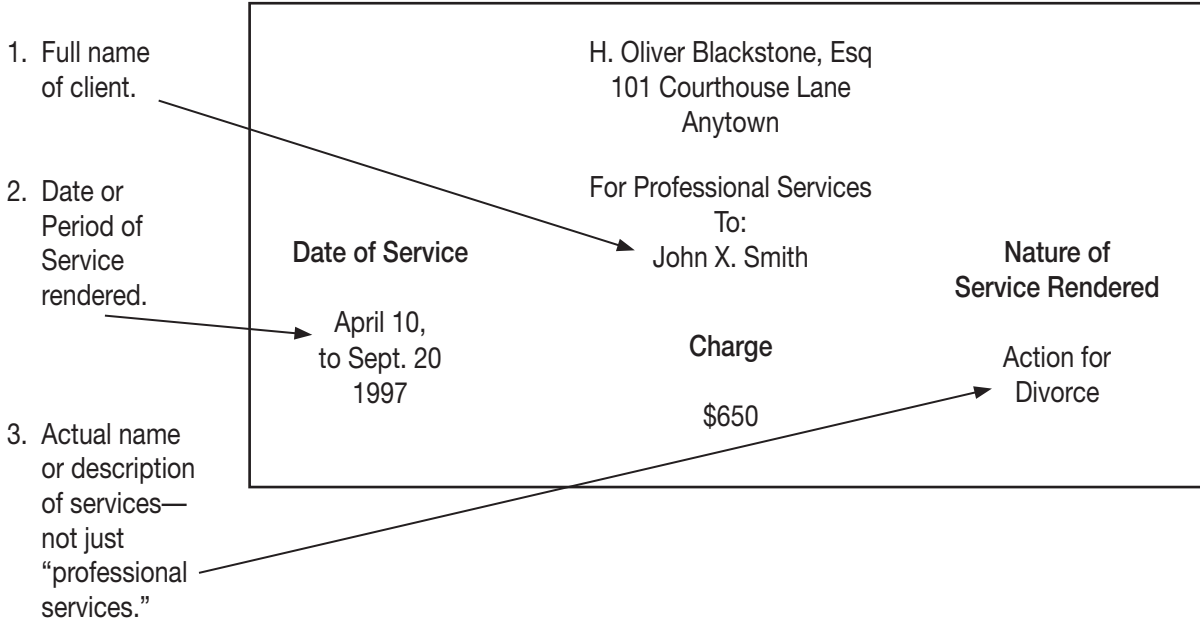
Date \_\_\_\_\_ Signed \_\_\_\_\_ Dependent \_\_\_\_\_  
Covered Member

## GENERAL INSTRUCTIONS FOR COVERED LEGAL SERVICES REIMBURSEMENT CLAIMS

1. A Legal Services Reimbursement Claim may be submitted when a legal cost covered under the U.F.C.W. Local 1500, Legal Services Plan has been incurred by an eligible member for up to \$3,000.00 in reimbursable claims for any calendar year. For full details and a description of the various types of expenses which are covered, please see your Legal Services Plan booklet.
2. When submitting a claim, attach all bills for Legal Services Reimbursement Claims showing (a) full name of client, (b) type of service, (c) date of service, and (d) amount charged. Incomplete claims will be returned, therefore, delaying payment to you.
3. If you wish to retain bills for any purpose you should make arrangements to have them duplicated prior to submission to the Legal Service Plan.
4. Separate claim forms must be submitted for each covered person.
5. ALL QUESTIONS REGARDING THE SUBMISSION AND PAYMENT OF YOUR CLAIM SHOULD BE DIRECTED TO THE LEGAL SERVICES PLAN. U.F.C.W. LOCAL 1500, 425 MERRICK AVENUE, WESTBURY, NY 11590, (516) 214-1310.
6. Form may be signed and sent via fax (877) 826-5259, email [legal@UFCW1500.org](mailto:legal@UFCW1500.org) or regular mail.

### For Prompt Claim Payment

Lawyers Bills should look like this



### Before Submitting Your Claim

1. Have you **fully** completed your claim form?
2. Have you signed your claim form?
3. Have you enclosed all your bills or receipts? Does each bill or receipt contain the required information? (See above example.)