

**GROUP LEGAL BENEFIT PLAN  
LABOURERS' MULTI-LOCAL WELFARE TRUST FUND OF ONTARIO**

Inquiries (416) 635-6000  
Group Legal Department

Member's Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ Local Union: \_\_\_\_\_

Claim for:  Member     Dependent

If claim for dependent: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following Legal Services have been provided to the above named person by the law firm of:

\_\_\_\_\_

Description of service including service code (See Benefit Booklet):

\_\_\_\_\_

\_\_\_\_\_

Date of Service: \_\_\_\_\_

Matter is continuing     completed

Legal Fees Billed \$: \_\_\_\_\_ (Excluding Disbursements & Taxes)

**NOTE: An itemized Statement from your Lawyer or Law Firm setting out the dates and services provided must accompany this form.**

Payment to be made to Lawyer     Plan Member

Plan Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge having the described Legal Services provided by the aforementioned Law Firm and hereby waive Solicitor Client privilege in respect to documentation required to be released to adjudicate and process this claim for benefit.

\_\_\_\_\_

**Mail claim to:**

**GLOBAL BENEFITS**  
88 ST. REGIS CRESCENT SOUTH  
TORONTO, ONTARIO, M3J 1Y8

**NOTE: The Legal Benefit Program will only be responsible for payment for Legal Services up to the maximum provided for in the current schedule of benefits.**

# REAL ESTATE

## Proof of Residence

### ***For Purchase: (A1) Purchase family dwelling***

I \_\_\_\_\_ solemnly swear that the property which I have purchased (excluding vacation property) shall be used as my principle residence for myself and my family, effective from the date of closing.

Address of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***For Sale: (A2) Sale family dwelling***

I \_\_\_\_\_ solemnly swear that the property which I have sold for which I am submitting this legal claim was my principle residence for myself and my family immediately prior to its sale.

Address of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Global Benefit Plan Consultants Inc. to collect and exchange personal information about me and/or my dependants to process this claim and administer my group legal benefit plan. I understand any personal information obtained by Global Benefit Plan Consultants Inc. will be kept confidential and, where necessary, Global Benefit Plan Consultants Inc. will be exchanging my personal information. I authorize the following persons to exchange with Global Benefits or each other, any of my personal information in their possession: any legal counsel and/or agent, the plan administrator, government agency, auditing or independent investigative organization. I authorize the use of my Social Insurance Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of Member \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_