GROUP LEGAL CLAIM FORM
THE LABOURERS' MULTI-LOCAL GROUP LEGAL TRUST OF ONTARIO

Group Legal Department
(416) 635-6000

PLAN MEMBER'S INFORMATION

Plan Member's Name: _____ Social Insurance Number: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Local Union: _____

Phone Number: (_____) _____ Email: _____
area code

Claim for: ☐ Plan Member ☐ Dependent ☐ Both

Dependent's Name: _____ Relationship: _____

Family matter claims for the Dependent Spouse (complete if applicable)

Spouse's Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (_____) _____ Email: _____
area code

Payment will be issued to the Spouse or the Lawyer as requested below.

SERVICE PROVIDER INFORMATION

Service Provider's Name: _____

Phone Number: (_____) _____ Date(s) of service: _____
area code (mm/dd/yy)

Description of the service(s) provided:

_____

_____

Matter is: ☐ Completed ☐ Continuing

Legal fees billed: $_____ (excluding disbursements and taxes)

The Group Legal Benefit Plan will only be responsible for the payment of legal services set out in the current schedule of benefits up to the maximum amount indicated.

Payment to be issued to: ☐ Plan Member ☐ Dependent Spouse (family matters only) ☐ Service Provider

THIS FORM MUST BE ACCOMPANIED BY AN ITEMIZED STATEMENT OF ACCOUNT ON LEGAL LETTERHEAD SETTING OUT THE DATES OF SERVICE, DESCRIPTION OF THE SERVICES PROVIDED AND INDICATE THE LEGAL FEE BILLED SEPARATE FROM DISBURSEMENTS AND TAXES. HIGHWAY TRAFFIC ACT CLAIMS MUST BE SUBMITTED WITH A COPY OF THE TRAFFIC TICKET OR A NOTICE OF TRIAL.

Plan Member's Signature: _____ Date: _____
(mm/dd/yy)

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

Mail claim to:

Global Benefits
The Defenders Group
Group Legal Department
901-191 The West Mall
Toronto, ON M9C 5K8

All shaded areas and the client waiver on the reverse side of the claim form must be completed.

REAL ESTATE AFFIDAVITS

The following section(s) must be completed for the purchase or sale of the Plan Member's principal family residence. Purchase or sale of an income producing or commercial property is not covered under the Plan.

PURCHASE OF FAMILY DWELLING

I _____ solemnly swear that the property which was
Plan Member's Name
purchased (excluding vacation property) shall be used as a principal residence for myself and my family, effective the date of closing.

Address of Property: _____

City: _____ Province: _____ Postal Code: _____

Plan Member's Signature: _____ Date: _____
(mm/dd/yy)

SALE OF FAMILY DWELLING

I _____ solemnly swear that the property which was sold
Plan Member's Name
(excluding vacation property) was a principal residence for myself and my family immediately prior to its sale.

Address of Property: _____

City: _____ Province: _____ Postal Code: _____

Plan Member's Signature: _____ Date: _____
(mm/dd/yy)

CLIENT WAIVER

This section must be completed.

I authorize Global Benefits to collect and exchange personal information about me and/or my dependents to process this claim and administer my group legal benefit plan. I understand any personal information obtained by Global Benefits will be kept confidential and, where necessary, Global Benefits 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.

Plan Member's Signature: _____ Date: _____
(mm/dd/yy)

Phone Number: (_____) _____
area code