

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:

Telephone # of the law firm: () _____
area code

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, excluding disbursements and taxes, must accompany this form. Highway traffic claims must be submitted with a copy of the ticket.

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
The Defenders Group
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.

