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:) _____ Local Union: ____ Telephone #: (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: (_____) Description of service including service code (See Benefit Booklet): Date of Service: ___ ☐ Matter is continuing ☐ completed Legal Fees Billed \$:_____ (Excluding Disbursements & Taxes) 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. Plan Member's Signature: ___ Date: l 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 Mail claim to: **Global Benefits** The Defenders Group 88 St. Regis Crescent South

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.

Toronto, Ontario M3J 1Y8

REAL ESTATE

Proof of Residence

For Purchase: (A1) Purchase family dwelling	
1 1000 1000	
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 princi	ple residence for myself and my family immediately prior to its sale.
Address of Froperty.	
Plan Member's Signature:	Date:
	- pyleta ka no 1977. – povyka ta takon ka od spora sa se estado -
and administer my group legal benefit plan. I und confidential and, where necessary, Global Benefits voto exchange with Global Benefits or each other, and agent, the plan administrator, government agency, compared to the plan administrator and administrator and administrator administrator and administrator administrator administrator and administrator admini	personal information about me and/or my dependants to process this claim lerstand any personal information obtained by Global Benefits will be kep will be exchanging my personal information. I authorize the following persons by of my personal information in their possession: any legal counsel and/or auditing or independent investigative organization. I authorize the use of my be a complete, to the best of e as valid as the original.
Date/ Signature of Member _	
elephone #: ()	