



IMPORTANT: PLEASE READ

Legal Services Plan

This claim form should only be used if you are an employee of:

City of Long Beach
New Rochelle Public Library
Ossining Public Library
Remsen School District
Riverhead School District
Smithtown Library
Town of Babylon
Town of Bellmont
Town of Brookhaven
Town of Harrison
Town of Huntington
Town of Smithtown
Town of Southold
Unified Court System (Active - Full Time)
Unified Court System (Retiree)
Village of Lloyd Harbor
Village of Southampton
Village of Wappingers Falls (Blue Collar)
Village of Wappingers Falls (White Collar)

Please refer to the detailed instructions on the claim form for more information.

CSEA Employee Benefit Fund

Legal Services Claim Form



Form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached.

MAIL COMPLETED CLAIM TO

CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516

Instructions

- Attach a signed statement from your attorney specifying services rendered, date completed, and fees charged.
- Cancelled checks, retainer agreements, and payment ledgers are not accepted for this benefit.
- All claims must be submitted no later than December 31st of the following calendar year.
- Submit for this benefit only if it has been negotiated for you under your collective bargaining agreement.

Please allow up to 6 weeks for processing.

PART 1 — TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name _____ EBF ID# _____
 Mailing Address _____ Apt # _____
 City _____ State _____ Zip Code _____
 Daytime Phone # _____ Email _____
 Claimant _____ Relationship _____

PART 2 — TYPE OF SERVICE

- | | |
|---|--|
| <input type="checkbox"/> General Consultation
Subject Matter _____
<input type="checkbox"/> Document Review
<input type="checkbox"/> Wills and Living Trust
<input type="checkbox"/> Principal Residence Real Estate Closing
<input type="checkbox"/> Sale
<input type="checkbox"/> Purchase
<input type="checkbox"/> Refinancing
Address _____
<input type="checkbox"/> Principal Residence Mortgage Protection
<input type="checkbox"/> Without Trial
<input type="checkbox"/> With Trial
<input type="checkbox"/> Tenant Defense
<input type="checkbox"/> Change of Name
<input type="checkbox"/> Adoption
<input type="checkbox"/> Legal Guardianship
<input type="checkbox"/> Non-Business Contract
<input type="checkbox"/> Personal Bankruptcy
<input type="checkbox"/> Arraignment Service (non-traffic related)
<input type="checkbox"/> Juvenile Delinquency Representation * | <input type="checkbox"/> Domestic Relations Representation
<input type="checkbox"/> Divorce <input type="checkbox"/> Uncontested
<input type="checkbox"/> Separation <input type="checkbox"/> Contested
<input type="checkbox"/> Annulment <input type="checkbox"/> Litigated
<input type="checkbox"/> Name of Spouse _____
<input type="checkbox"/> Court Ordered Support
<input type="checkbox"/> Veteran & Serviceman's Rights
<input type="checkbox"/> Denial of Benefits <input type="checkbox"/> Change in Discharge
<input type="checkbox"/> Court Martial
<input type="checkbox"/> Traffic Violation Representation *
<input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial
<input type="checkbox"/> Automobile Defense Overage Matter *
<input type="checkbox"/> Without Trial
<input type="checkbox"/> District/City/County Court
<input type="checkbox"/> Supreme Court
<input type="checkbox"/> With Trial
<input type="checkbox"/> District/City/County Court
<input type="checkbox"/> Supreme Court
<input type="checkbox"/> Legal Defense in Other Civil Matters
<input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial |
|---|--|

* Benefit is subject to a \$50 deductible.

Member's Signature _____ Date _____