



**IMPORTANT: PLEASE READ**

## Legal Plan Claim Form

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

City of Long Beach  
City of New Rochelle  
Ossining Library  
Remsen School District  
Riverhead School District  
Smithtown Library  
Town of Babylon  
Town of Bellmont  
Town of Brookhaven  
Town of Brookhaven Retirees  
Town of Harrison  
Town of Huntington  
Town of Smithtown  
Town of Southold  
Town of Southold Retirees  
Unified Court System, active full time and retirees  
Village of Lloyd Harbor  
Village of Southampton  
Village of Wappingers  
Long Beach Housing Authority  
Oceanside School District

# CSEA Employee Benefit Fund Legal Plan Claim Form



## 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.
- Form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached.
- 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.
- Reimbursement allowances will not exceed the amount paid out for services.

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

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

## MAIL COMPLETED CLAIM TO

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

**CLAIMS ARE NOT ACCEPTED BY FAX OR EMAIL**