



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

\* Benefit is subject to a \$50 deductible.

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