



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"/> Arraignment Service (non-traffic related)
<input type="checkbox"/> Automobile Defense Overage Matter
<input type="checkbox"/> Change of Name
<input type="checkbox"/> Court Ordered Support
<input type="checkbox"/> Debt Collection
<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"/> 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
Name of Spouse _____
<input type="checkbox"/> General Consultation
Subject Matter _____ | <input type="checkbox"/> Juvenile Delinquency Representation
<input type="checkbox"/> Legal Guardianship
<input type="checkbox"/> Legal Defense in Other Civil Matters
<input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial
<input type="checkbox"/> Non-Business Contract
<input type="checkbox"/> Personal Bankruptcy
<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"/> Traffic Violation Representation
<input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial
<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"/> 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