

### **IMPORTANT: PLEASE READ**

## **Legal Plan Claim Form**

This claim form should only be used is 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.
- $\bullet$  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 (F	PLEASE PRINT)
Member's Name	EBF ID#
Mailing Address	Apt #
City	State Zip Code
Daytime Phone # Email	
Claimant	Relationship
PART 2 — TYPE OF SERVICE	
Adoption Arraignment Service (non-traffic related) Automobile Defense Overage Matter Change of Name Court Ordered Support Debt Collection Without Trial District/City/County Court Supreme Court Utth Trial Supreme Court Supreme Court	☐ Juvenile Delinquency Representation   ☐ Legal Guardianship   ☐ Legal Defense in Other Civil Matters   ☐ Without Trial With Trial   ☐ Non-Business Contract   ☐ Personal Bankruptcy   ☐ Principal Residence Real Estate Closing   ☐ Sale Purchase   ☐ Refinancing   Address   ☐ Principal Residence Mortgage Protection   ☐ Without Trial With Trial   ☐ Tenant Defense
□ Domestic Relations Representation □ Divorce □ Uncontested □ Separation □ Contested □ Annulment □ Litigated Name of Spouse □ General Consultation Subject Matter □ Member's Signature □ Uncontested	☐ Traffic Violation Representation ☐ Without Trial ☐ With Trial ☐ Veteran & Serviceman's Rights ☐ Denial of Benefits ☐ Change in Discharge ☐ Court Martial ☐ Wills and Living Trust ☐ Date

### MAIL COMPLETED CLAIM TO

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

CLAIMS ARE NOT ACCEPTED BY FAX OR EMAIL