



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