CSEA NEW YORK Employee Benefit Fund

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

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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

- ☐ 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
  - ☐ With Trial
    - ☐ District/City/County Court
    - ☐ Supreme Court
- ☐ Domestic Relations Representation
  - ☐ Divorce ☐ Uncontested
  - ☐ Separation ☐ Contested
  - ☐ Annulment ☐ Litigated
  - Name of Spouse_____
- ☐ General Consultation
  - Subject Matter_____
- ☐ 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
- ☐ Traffic Violation Representation
  - ☐ Without Trial ☐ With Trial
- ☐ Veteran & Serviceman's Rights
  - ☐ Denial of Benefits
  - ☐ Change in Discharge
  - ☐ Court Martial
- ☐ 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