## Carpenters' Residential Health and Wellness Plan

Plan Administration Office: 45 McIntosh Drive, Markham, Ontario L3R 8C7, Phone: 905-946-9700 Fax: 905-946-2535 www.carpentersresidential.ca

## **Legal Services Claim Form**

Plan Member's Name:					
Social Insurance Number:					
Complete Address:					
Phone Number:					
Email:					
Union Membership: check one:	Local 27	Local 1030	Local 1256	Caulking Div	Flooring Div

## This Claim is for Legal Fees incurred in connection with the following:

Legal Service	Service	Service	Calendar Year
	Date	Charge	Maximum Benefit
Adoption of a Child by a Plan Member			\$250.00
Preparation of Power of Attorney for Plan Member or			
Plan Member's Spouse			\$60.00
Preparation or review of lease on a Plan Member's Personal			
Principal Residence			\$60.00
Purchase or Sale or Mortgaging Member's Personal Principal			
Residence			\$500.00
Renewal or Discharge of a Mortgage on a Plan Member's Personal			
Principal Residence			\$50.00
Will made by Plan Member or Plan Member's Spouse separately			\$100.00
Wills made by Plan Member & Plan Member's Spouse together			\$150.00
Codicil to Will by Plan Member or Separately			\$50.00
Codicil to Will of Plan Member and Plan Member's Spouse together			\$60.00
Probate of Will of Plan Member or Plan Member's Spouse or			\$250.00
Administration of such estate where there is no Will			
Violation under the Highway Traffic Act			\$300.00

Legal Services Claims must be submitted within 6 months from the Service Date.

Late claims will not be paid.

(Please see reverse side)

CALENDAR YEAR BENEFIT MAXIMUM – THE MAXIMUM PAYABLE IN ANY CALENDAR YEAF
FOR ALL LEGAL SERVICES COMBINED IS:

1<sup>ST</sup> CALENDAR YEAR OF PLAN MEMBER'S COVERAGE \$400.00 2<sup>ND</sup> AND SUBSEQUENT CALENDAR YEARS OF PLAN MEMBER'S COVERAGE \$1,000.00

Subject to the above Calendar Year Benefit Maximum, a Plan Member may make a claim for each covered Legal Service on one occasion in each calendar year of coverage. The maximums include any amounts paid in respect of Legal Services for the Plan Member's Dependants.

Lawyer's Certification

•	io and I further verify that professional services were renomatter(s) indicated above. The enclosed account has bee	
Lawyer's Signature	 Date	
I hereby acknowledge that the professional services not amount of the Service Charge noted.	ed in the enclosed account have been rendered to me for	· the
Plan Member's Signature	Date	

The Carpenters' Health and Wellness Plan will reimburse the Plan Member for covered services provided adequate documentation is provided and the Plan Member is eligible for benefits on the date(s) the service(s) was rendered. The Plan Member is responsible for making payment to the Lawyer. The Plan does not make payments to Lawyers. For coverage under the Carpenters' Health and Wellness Plan, Member must be in Good Standing (not suspended) with the Union (Local 27 or Local 1030) and eligible for benefits in the Health and Wellness Plan on the Service Date.

Privacy Statement: The Carpenters' Residential Benefit Plans (called "the Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.