

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: _____

Union ID: _____

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 Date	Service Charge	Calendar Year 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 Administration of such estate where there is no Will			\$250.00
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 YEAR FOR ALL LEGAL SERVICES COMBINED IS:

1ST CALENDAR YEAR OF PLAN MEMBER’S COVERAGE	\$400.00
2ND 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 Dependents.

Lawyer’s Certification

I, the undersigned, am licensed to practice Law in Ontario and I further verify that professional services were rendered to the Plan Member named and in connection with the matter(s) indicated above. The enclosed account has been presented to the Plan Member for payment.

Lawyer’s Signature

Date

I hereby acknowledge that the professional services noted in the enclosed account have been rendered to me for the amount of the Service Charge noted.

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.