

**GROUP LEGAL BENEFIT PLAN
BRICKLAYERS' & STONEMASONS UNION
LOCAL NO. 2 (ONTARIO)**

Inquiries (416) 635-6000 Ex 392
Group Legal Department

Member's Name: _____ Social Insurance Number: _____

Address: _____

Telephone #: () _____ Local Union: _____

Claim for: Member Dependent

If claim for dependent: Name: _____

Relationship: _____ Date of Birth: _____

The following Legal Services have been provided to the above named person by the law firm of:

Telephone # of the law firm: (_____) _____
area code

Description of service including service code (See Benefit Booklet):

Date of Service: _____

Matter is continuing completed

Legal Fees Billed \$: _____ (Excluding Disbursements & Taxes)

NOTE: An itemized Statement from your Lawyer or Law Firm setting out the dates and services provided, excluding disbursements and taxes, must accompany this form. Highway traffic claims must be submitted with a copy of the ticket.

Payment to be made to Lawyer Plan Member

Plan Member's Signature: _____ Date: _____

I acknowledge having the described Legal Services provided by the aforementioned Law Firm and hereby waive Solicitor Client privilege in respect to documentation required to be released to adjudicate and process this claim for benefit.

Mail claim to:

**Global Benefits
The Defenders Group
545 Wilson Avenue
Toronto, Ontario
M3H 1V2**

NOTE: The Legal Benefit Program will only be responsible for payment for Legal Services up to the maximum provided for in the current schedule of benefits.

REAL ESTATE

Proof of Residence

For Purchase: (A1) Purchase family dwelling

I _____ solemnly swear that the property which I have purchased (excluding vacation property) shall be used as my principle residence for myself and my family, effective from the date of closing.

Address of Property: _____

Plan Member's Signature: _____ Date: _____

For Sale: (A2) Sale family dwelling

I _____ solemnly swear that the property which I have sold for which I am submitting this legal claim was my principle residence for myself and my family immediately prior to its sale.

Address of Property: _____

Plan Member's Signature: _____ Date: _____

I authorize Global Benefits to collect and exchange personal information about me and/or my dependants to process this claim and administer my group legal benefit plan. I understand any personal information obtained by Global Benefits will be kept confidential and, where necessary, Global Benefits will be exchanging my personal information. I authorize the following persons to exchange with Global Benefits or each other, any of my personal information in their possession: any legal counsel and/or agent, the plan administrator, government agency, auditing or independent investigative organization. I authorize the use of my Social Insurance Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

Date ____ / ____ / ____ Signature of Member _____

Telephone #: (_____) _____
area code