asea **legal** services

REQUEST FOR BENEFITS

NOTE FILING DEADLINE: All claims for services received during the plan's year ending June 30th must be received at the Administration Office no later than August 31st or payment may be denied for late filing.

SEND CLAIM FORM TO:
Administration Office
asealegal-eligibility@LTSalaska.com
P.O. Box 34840
Seattle, WA 98124-1840
(866) 678-8647

EMPLOYEE'S STATEMENT

1. Name_____ SSN#_____ Employee ID#_____
(last) (first) (middle initial)

2. Address _____ Hire Date _____
(street and no.)

Phone Number _____
(city and state) (zip code)

3. If Benefit is for someone other than yourself, complete:
☐ Spouse _____ Birth Date _____

4. ☐ Child _____ Birth Date _____

Are you or your dependent insured under any other group plan which will also pay for any of the expenses of this claim?

☐ Yes ☐ No If yes, give name, address, and policy number, or insurance company providing benefits.

Name & Address_____Plan No._____

I have been advised of the plan's maximum benefits (hourly and benefit year) for covered legal fees and costs regardless of the attorney's rates. I agree that I am responsible for payment of any amounts not covered by the trust. I agree to reimburse the trust by preference and priority for all amounts paid by the trust insofar as such amounts are recovered from a third party. I further agree that this trust and employer are not responsible for any errors or omissions of the attorney. I authorize the undersigned attorney to provide the Administration Office any information necessary to process the claim.

5. Signed_____ Date_____

ATTORNEY STATEMENT

MUST BE COMPLETED TO ASSURE PROMPT PAYMENT

Firm_____Attorney _____

Mailing Address _____
(street and no. or p.o. box no.) (city and state) (zip code)

Federal Employer I.D.No._____ Or Attorney SSN_____

1. I/We agree that the terms of the ASEA Legal Services plan of benefits will govern all services provided herein. I/We understand that payment of this claim is contingent upon (1) eligibility of the claimant, (2) whether this is a covered matter under the terms of the plan and (3) whether all or any portion of the claimant's annual maximum benefit has been previously exhausted.
2. I/We understand that the plan does not cover or make payment for retainer fees, flat fee billings or contingency fee cases and that the trust reserves the right to withhold claim payments upon the claimant's request.
3. I/We certify that the services, costs, expenses and fees claimed herein were incurred in connection with the indicated legal matters and that none of the amounts billed were recovered against a third party. In event such amounts are recovered, I/We agree that we will reimburse the ASEA Legal Services Trust by preference and priority in such amounts recovered for the sums received by us for this claim.
4. I/We understand that all invoices for services provided during a plan year (July 1–June 30) must be submitted to the plan for payment NO LATER THAN 60 DAYS AFTER THE END OF THAT PLAN YEAR or the plan may deny payment. If the plan denies

payment on an invoice submitted after the claims cutoff date (more than 60 days after the close of the plan year), I/we agree to write off such invoice and agree not to seek payment of the invoice from the plan participant or his/her dependent or beneficiary.

5. I/We agree to hold the union, employer, trust and/or their agents harmless and defend them against any action arising out of or in connection with the Attorney's conduct in handling this matter.
6. IF THIS IS A ONE-TIME OR OCCASIONAL REPRESENTATION OF A PLAN PARTICIPANT, SIGN BELOW AND COMPLETE THE ATTORNEY'S CASE DESCRIPTION SECTION BELOW.

X _____ Date_____

IF YOU WISH TO BE LISTED BY THE PLAN AS A PARTICIPATING ATTORNEY, YOU MUST AGREE TO THE FURTHER TERMS AND SIGN.

7. In addition to #1-5, above, I agree to #8-11 following and request to be listed as a Participating Attorney in the following Field(s) of Practice (list no more than three): _____

_____

8. I agree that eligible plan participants, dependents and/or beneficiaries will not be charged over the plan's current hourly reimbursement rate for any covered matter (including charges incurred after the annual maximum benefit has been exhausted) while I am listed by the plan and until the herein indicated legal matter(s) is/are completed and the file(s) is/are closed.
9. I will not promote or publicize my listed status except as may be consistent with Alaska Rules of Professional Conduct.
10. I agree to maintain Malpractice Insurance of at least $100,000 /$300,000 while listed and will produce proof of insurance upon request.
11. I will not be part of any suit or action against the union, employer, trust and/or their agents while listed by the plan.

Signature _____ Date_____

ATTORNEY CASE DESCRIPTION

(To be completed by all attorneys for each case)

1. Is this initial billing? ☐ Yes ☐ No Date case started _____
2. Is this interim billing? ☐ Yes ☐ No
3. Is this final billing? ☐ Yes ☐ No Date case ended _____
4. Have you filed this claim with any other legal plan? ☐ Yes ☐ No

Circle the code/type and provide a brief description of the nature of the legal matter

Civil Litigation
300 Defendant Actions
310 Plaintiff Actions
366 Personal Injury
314 Administrative Proceeding

Wills and Probate
200 Simple Wills
210 Estate Planning and Wills
340 Probate of Members Estate
341 Heir/Beneficiary Representation

Consumer Transactions
205 Consumer Contracts
206 Creditor Actions
363 Debtor Actions
312 Bankruptcy - Personal
Identify Chapter _____

Landlord and Tenant
225 Residential Tenant Issues

Family Matters
330 Termination of Marriage
331 Termination of Marriage - Contested
329 Modification of Divorce Decree
333 Support, Custody or Visitation - Defendant
334 Support, Custody or Visitation - Plaintiff
342 Guardianship/Conservatorship
332 Adoption
336 Paternity
337 Pre-marital Agreement
230 Power of Attorney
338 IRS Audits
313 Change of Name
375 Other

Real Estate Transactions
(Personal Residence Only)
221 Purchase Personal Residence
221 Sale Personal Residence
223 Foreclosure Personal Residence
226 Other Residential Issues

Description: _____

_____

_____

The above categories are general in nature and may be subject to restrictions and exclusions. Refer to the ASEA Legal Services Plan Booklet (on-line www.asealegalservices.org). Contact the Administration Office for assistance with questions or interpretation of plan provisions.

Attach a copy of your itemized statement for services rendered and email or mail to the Administration Office.