

**GROUP LEGAL BENEFIT PLAN**  
**THE BRICK AND ALLIED CRAFT UNION OF CANADA 2007**  
**BENEFIT TRUST FUND**

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**  
**88 St. Regis Crescent South**  
**Toronto, Ontario**  
**M3J 1Y8**

**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.**

