



# WESTERN CONFERENCE OF TEAMSTERS LEGAL SERVICES TRUST FUND

P.O. Box 2340 | Stockton, CA 95201 | LST@deltafund.com

**INSTRUCTIONS: CLIENT & PANEL ATTORNEY TO COMPLETE. A new and separate claim form must be signed by the client for each separate legal benefit requested, whether the recipient is the participant, spouse, unmarried child to age 19, domestic partner, or the unmarried child to age 19 of a domestic partner. RETURN COPY, KEEP ORIGINAL.**

I hereby apply for Legal Benefits, and appoint the following Panel Attorney:

The recipient of the services ("Client") is:  Self  Spouse  Unmarried Child to Age 19  Unmarried Child of Domestic Partner to Age 19 (Affidavit Required)  
 Domestic Partner (Affidavit Required)

### 1. PARTICIPANT INFORMATION

Participant's Marital Status is:  Married  Single  Divorced  Widowed  Separated  Domestic Partner

Number of Dependents: \_\_\_\_\_ Do they reside with you?  Yes  No

Participant's Social Security #    -   -

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name & Address of Employer; Association, or Company: \_\_\_\_\_

Local Union No. \_\_\_\_\_ Continuously Working:  Yes  No If No. Last Date Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2. CLIENT INFORMATION

Name of Person Seeking Services: \_\_\_\_\_  Participant  Spouse  Unmarried Child to Age 19  Domestic Partner  
(If the Participant is the Client, do not complete the rest of this Section 2)

Address: \_\_\_\_\_

Social Security #    -   -

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### 3. PREVIOUS CLAIMS AND COORDINATION OF BENEFITS

Is this the first benefit claimed by the Participant from the Legal Benefit Plan?  Yes  No

If "no", give month and year of previous claim(s): \_\_\_\_\_

Are any of the legal fees, costs, or expenses involved in this claim also payable under *any other* Group Legal Plan of any other Employer or Labor Organization covering you, your spouse or dependent?  Yes  No If "yes," give the following information for:  Self  Spouse  Unmarried Child to Age 19  Domestic Partner

(a) Name and Address of other Employer or Association: \_\_\_\_\_

(b) Name and Address of other Insurance Company or Group Legal Plan: \_\_\_\_\_

### 4. ADDITIONAL ITEMS

Client has requested that the Panel Attorney provide legal services concerning the following matter (describe): \_\_\_\_\_

The terms and conditions of the Western Conference of Teamsters Legal Services Trust Plan ("Trust"), Summary Plan Description, and Panel Attorney Agreement are incorporated by reference and made a part of this document.

Client has the right to terminate the services of Panel Attorney at any time upon written notice. If Panel Attorney is attorney of record in any proceeding, Client agrees to promptly execute and return a substitution of attorney form. Panel Attorney has the right to withdraw for any reason for which withdrawal is authorized or required by the applicable Rules of Professional Conduct.

Services are provided by Panel Attorneys pursuant to the Trust, Summary Plan Description, and Panel Attorney Agreement. Panel Attorney's legal fees will be paid only by the Trust, and in no event shall Participant or Client be asked to pay Panel Attorney's legal fees or any portion thereof. Because certain costs, including the cost of title searches, deed and mortgage recording, private investigations, and medical tests among others, are not covered by the Trust, they will be charged to the Participant.

### 5. CONSENT AND SIGNATURES

THE CLIENT CONSENTS TO THE RELEASE BY THE PANEL ATTORNEY OF ANY INFORMATION THAT MAY BE REQUESTED BY THE WESTERN CONFERENCE OF TEAMSTERS LEGAL SERVICES TRUST FUND'S MANAGER, INDEPENDENT AUDITOR, OR COUNSEL. THIS INFORMATION INCLUDES ALL DOCUMENTS IN THE PANEL ATTORNEY'S FILES PERTAINING TO THE MATTER DESCRIBED IN SECTION 4. Please sign below as indicated.

Client \_\_\_\_\_ Date \_\_\_\_\_ Panel Attorney \_\_\_\_\_ Date \_\_\_\_\_

**NO ATTORNEY BILL CAN BE PAID WITHOUT COMPLETED CLAIM FORM.**

ATTORNEY CODE

-

CLAIM NUMBER

TRANSACTION CODE

**Telephones: In California (800) 222-3024 • Outside California (800) 222-3025 • Facsimile: (209) 940-5251**