

LiUNA!care

LOCAL 183™

BUILDING HEALTHY FUTURES

LiUNA Local 183
Members' Group Legal and
Paid Leave Trust Fund

GROUP LEGAL APPLICATION Name Change



LIUNA LOCAL 183 MEMBERS' GROUP LEGAL & PAID LEAVE TRUST FUND

HOW TO SUBMIT A CLAIM FOR A NAME CHANGE

Pursuant to the provisions of the Fund, this is the required documentation:

- 1 **Member** to complete and sign **Page 1** of the attached claim form;
- 2 **Lawyer** to complete and sign **Page 2** of the attached claim form;
- 3 A copy of the **Application of Name Change** and
- 4 A copy of the **Statement of Account**.

Please submit all the required claim forms and supporting documentation:

BY MAIL

**LiUNA Local 183 Members' Group Legal &
Paid Leave Trust Fund Office**
2400 -200 Labourers' Way
Vaughan, ON L4H 5H9

BY FAX

F 416-243-2281

QUESTIONS?

P 416-243-2088

Please keep a copy of your application package for your records and to substantiate your claim.

2400 - 200 Labourers' Way, Vaughan, ON L4H 5H9
P 416-243-2088 | F 416-243-2281

AUTHORIZATION:

LIUNA LOCAL 183 MEMBERS' GROUP LEGAL AND PAID LEAVE TRUST FUND

PAGE 2 - To be completed by **LAWYER / PARALEGAL**:

1 Name and address of Lawyer, Law Firm or Paralegal: _____

Telephone Number

2 Name of Client: _____
Date of Birth

3 Date you were retained to provide the services below: _____
Day/Month/Year

4 If your services involve **real estate**, is the property to:

Reside / Resided ☐

Rent / Investment ☐

Vacation Property ☐

5 **ADDITIONAL INFORMATION:**

- i. LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund ("the TRUST") has no duties, responsibilities or obligations and makes no representations to the Lawyer, Law Firm or Paralegal providing legal services to its members. The Trust's obligations are solely and exclusively to its member, and strictly defined and limited by the Legal Services Benefit currently in effect.
- ii. In order for an Eligible Member or Spouse to be reimbursed, the Trust requires a **Statement of Account** describing the precise nature of services provided, **plus** any other **supporting documents requested in the instructions**.
- iii. All **accounts** must be printed on the **letterhead** of the Lawyer, Law Firm or Paralegal.

DESCRIPTION OF SERVICE:

- | | | |
|---|---|--|
| <input type="checkbox"/> PURCHASE | <input type="checkbox"/> WILL | <input type="checkbox"/> SEPARATION AGREEMENT |
| <input type="checkbox"/> SALE | <input type="checkbox"/> P.O.A. | <input type="checkbox"/> DIVORCE |
| <input type="checkbox"/> MORTGAGE | <input type="checkbox"/> CODICIL | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> CUSTODY |
| <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> HTA (ONTARIO) | <input type="checkbox"/> ADOPTION |
| | | <input type="checkbox"/> CHANGE OF NAME |

Date of Service _____

Matter is: Continuing

☐

Completed

☐

Amount of Legal Fees Billed (No HST and no Disbursements) \$ _____

Signature of Lawyer/Paralegal

Date

SUBMIT CLAIM FORM TO:
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