

Alaska Laborers Trust Funds

Physical Address 375 W. 36th Avenue Suite 200 Anchorage, Alaska 99503 • Mailing Address PO Box 93870 Anchorage, Alaska 99509
 Phone (855) 815-2323 • Fax (907) 561-4802 • Website www.aklaborerstrust.com
 Administered by
 Labor Trust Services, Inc.

CLAIM FORM - REQUEST FOR BENEFITS

Note: Filing deadline is 60 days after case is closed. Claims submitted after 60 days will be denied.

EMPLOYEE'S STATEMENT

NAME: _____ SOC. SEC. NO. _____
(LAST) (FIRST) (MIDDLE INITIAL)

UNION LOCAL NUMBER: LOCAL 341 LOCAL 942

ADDRESS : _____
STREET AND NO. (CITY AND STATE) (ZIP CODE)

If Benefits Requested for SPOUSE DEPENDENT
 DEPENDENT, GIVE NAME: CHILD BIRTH DATE: _____

Are you or your dependent insured under any other group plan which will also pay for any expenses of this claim? YES NO
 If yes, give name and address, and policy number, or insurance company providing benefits.

NAME & ADDRESS: _____ PLAN NO: _____

I acknowledge receipt of Plan benefits and authorize payment to servicing attorney or firm. I agree to reimburse my attorney for fees not covered or in excess of provided benefits.

Signed: _____ Dated: _____

ATTORNEY STATEMENT

(Must be completed to assure prompt payment)

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 Closed _____ (see "note" on top of form)
4. Have you filed this claim with any other Legal Plan? YES NO

TYPE OF ACTION <i>(see back of form for code)</i>							
Date service performed			Description of Services <i>(see back of form)</i>	Costs	Hourly Fee	Hours	Fees
Month	Day	Year					

ADMINISTRATOR'S USE	
Code	Approved

ATTORNEY: _____ ADDRESS: _____

FEDERAL EMPLOYER ID NO.: _____ OR ATTORNEY SSN: _____

I certify that the above listed services, costs, expenses and fees charged were incurred in connection with indicated legal matters, and that none of the amounts billed herein were recovered against a third party. In the event such amounts are recovered, we agree that we will reimburse the Fund by preference and priority in such amounts as recovered for the sums received by us under this claim.

SIGNED: _____ DATE: _____

If additional comments necessary, please attach. Mail to Labor Trust Services, Inc. (address listed on header)

Alaska Laborers Trust Funds

ACTION CODE	DESCRIPTION OF SERVICE
100	Conference in Law Office
150	Document Preparation
200	Simple Wills
210	Wills with Trust Provisions
220	Real Estate Papers
230	Power-of-Attorney
240	Non-Business Partnerships
242	Guardianships
300	Defendant Actions
311	Consumer Transactions
312	Bankruptcy (Voluntary or Involuntary)
313	Change of Name
314	Administrative Agency Process
315	Quite Title to Real Estate
330	Termination of Marriage (Member <u>only</u>)
332	Adoption
333	Support or Custody Orders
340	Probate
440	Juvenile (Non-criminal only)
500	Investigative SVCS and Expenses
501	Depositions
502	Service Fees
503	Recording Costs
504	Witness Fees
505	Xerox and Postage
506	Sales Taxes
507	Telephone
508	Title Search
509	Courier Service
510	Filing Fee