



WESTERN CONFERENCE OF TEAMSTERS LEGAL SERVICES TRUST FUND

1640 South Loop Road • Alameda, CA 94502 • P.O. Box 24025 • Oakland, CA 94623

INSTRUCTIONS: PARTICIPANT, CLIENT & PANEL ATTORNEY TO COMPLETE. A new and separate claim form must be signed by the Participant for each separate legal benefit requested, whether the recipient is you, your spouse or your unmarried child to age 19. RETURN ORIGINAL, KEEP COPY.

I am a Participant in the Western Conference of Teamsters Legal Services Trust Fund and Plan. I hereby apply for Legal Benefits, and appoint the following Panel Attorney:

MAHAN & MAHAN, Attorneys at Law

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

1. PARTICIPANT INFORMATION

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

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

(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

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

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

4. ADDITIONAL ITEMS

Participant and Client have 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

BOTH THE PARTICIPANT AND THE CLIENT CONSENT 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.

Participant _____

Date _____

Panel Attorney _____

Date _____

► NOTE TO PANEL ATTORNEY: PLEASE SUBMIT ORIGINAL COPY WITH YOUR FIRST BILLING ◀
NO ATTORNEY BILL CAN BE PAID WITHOUT COMPLETED CLAIM FORM.

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ATTORNEY CODE

CLAIM NO.

TRANSACTION CODE

WA952130.051/6

TL-F1

Telephones: In California (800) 222-3024 • Outside California (800) 222-3025 • Facsimile: (510) 337-3080