Alaska Electrical Legal Fund

2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576

PARTICIPANT'S STATEMENT

EMPLOYEE IDENTIFICATION:

First Name _____ Initial _____ Last Name _____

Mailing Address _____ City _____ State AK Zip Code _____

Social Security Number _____ Date of Birth _____ Home Phone Number _____ Work Phone Number _____

DEPENDENT IDENTIFICATION: *(complete only if benefits requested are for a dependent)*

First Name _____ Initial _____ Last Name _____ Social Security Number _____ Date of Birth _____

If dependent is also covered by another legal plan, please specify plan name:_____

LEGAL MATTER:

Brief description of legal matter: _____

Law firm/attorney to provide services: _____

If non-plan attorney, please list the following information:

Address: _____
Address City State Zip

Telephone #:_____ Hourly Rate:_____ Retainer paid if any:_____

NOTE: To use a non-plan attorney (See Part E, Choice of Lawyers, Legal Services Booklet) you must first obtain authorization from the Alaska Electrical Legal Fund.

CERTIFICATION AND AGREEMENT UNDER THE ALASKA ELECTRICAL LEGAL PLAN:

a. I UNDERSTAND AND HEREBY AGREE that the Legal Plan is responsible to pay for covered legal services only under the Legal Plan; and in the event that my legal fees or costs exceed the amount allowable under the Legal Plan, I will be personally liable for payment of this excess amount.

b. In the event amounts paid under the Legal Plan are later recovered in a proceeding against any third party legally liable for payment, I OBLIGATE MYSELF to reimburse the Alaska Electrical Legal Fund by preference and priority for all amounts paid under this claim in accordance with the Legal Plan.

c. I UNDERSTAND AND AGREE that my right to prepaid legal services under the Legal Plan is determined by the rules of eligibility contained in the Legal Plan.

d. I agree to make such arrangement for payment of my part of legal costs not covered under the Legal Plan, directly with the retained attorney. I also understand that the Legal Plan has a combined maximum aggregate payment limit per calendar year per family unit.

e. I HEREBY CERTIFY that the consultative or legal services payment for which is made by the Alaska Electrical Legal Fund is or will be actually incurred in connection with the legal matters in which I am represented by the law firm/attorney I have indicated.

f. I AUTHORIZE the release by the attorney providing legal services of any information necessary to process this claim.

_____ _____
Signature Date

Please return to the Alaska Electrical Trust Funds via fax, mail, or in person. Rev. 8/02