

Participant Statement

Employee Identification

First Name	Initial	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 of SSN	Date of Birth	Home Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> check if cell #			

Parent or Dependent Identification

Complete only if benefits requested are for a parent or dependent

First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 of SSN	Date of Birth	If dependent is also covered by another legal plan, please specify plan name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Matter

Brief description of legal matter

Law firm/attorney to provide services

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

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Hourly Rate	Retainer paid if any
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: To use a non-plan attorney (See the Summary Plan Description, How to File a Claim) the Fund requires certain information to process payment.

Please sign and date on the next page.

Certification and Agreement Under the Alaska Electrical Legal Fund:

- a) I UNDERSTAND AND AGREE that the Legal Fund 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 responsible for payment of this excess amount.
- b) I UNDERSTAND AND AGREE that if any information that I have provided is later found to misrepresent either my relationship to the dependent or parent noted above, or the nature of the matter for which coverage is sought, such that it is not covered by the Legal Plan I will be required to repay the Legal Plan any amounts paid for which no coverage is provided.
- c) If 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.
- d) I UNDERSTAND AND AGREE that my right to reimbursement of charges for legal services by the Legal Plan is determined by the terms of the Legal Plan.
- e) I AGREE to arrange directly with the retained attorney payment of my part of legal costs not covered under the Legal Plan. I also understand that the Legal Plan has maximum aggregate payment limits per calendar year per family unit and lifetime for each matter.
- f) 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, or my parent or dependent is represented by the law firm/attorney I have indicated.
- g) I AUTHORIZE the release by the attorney providing legal services of any information necessary to process this claim.

Participant Signature

Date

Please return to the Alaska Electrical Trust Funds via email @ AETF-Legal@aetf.com, fax, mail, or in person.