GREENBURGH TEACHERS FEDERATION
WELFARE FUND
LEGAL FUND REIMBURSEMENT

MEMBER NAME: (print last name first)	SEX M F	LAST 4 SS# - -	MEMBER DATE OF BIRTH Mo. Dy. Yr.
HOME ADDRESS: Number and Street		Apt.	HOME PH# (Area Code)
CITY STATE	ZIP		EMAIL ADDRESS

I certify that the information given is correct and authorize release of any information necessary to process this claim.

MEMBER
SIGN HERE____ **Date**

LEGAL FUND REIMBURSEMENT

The Benefit reimburses members up to a **family** maximum of $250.00 per Plan Year for the out-of-pocket expenses for services you received from an attorney or premiums paid to belong to a sponsored legal plan.

Please include copies of bills for services rendered or receipts showing premiums paid on an insured legal plan (payroll stubs may be used) You have 90 days (September 30th) after the plan year ends to submit claims for 7/1-6/30 plan year.

	DATE	SERVICE	AMOUNT
1			
2			
3			
4			
5			
		TOTAL AMOUNT	

RETURN THIS FORM TO:
The Preferred Group
P.O. Box 15136
Albany, NY 12212-5136
Tel. 1-866-989-8997 - Fax 518-641-0325