

**SOUTH BAY HOTEL EMPLOYEES, RESTAURANT EMPLOYEES LEGAL TRUST**  
**Fondo Fiduciario de Beneficios Legales de Los Empleados**  
**de Hoteles y Empleados de Restaurantes del Sur de la Bahia**

**REQUEST FOR BENEFITS**  
**Solicitud de Beneficios**

Claims Processed By  
 Procesado Por

**WELFARE & PENSION ADMINISTRATION SERVICE, INC.**

**EMPLOYEE'S STATEMENT**  
**Declaracion del Empleado**

Name Nombre _____	Social Security No. Seguro Social _____
Last/Apellido      First/Primer Nombre      Middle Initial/Inicial	
Address Domicilio _____	
Street and No./Calle y Numero	City and State/Ciudad y Estado
Zip/Zona Postal _____	
Last Employer Ultimo Empleador _____	Union Local No. Sindicato de La Union 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.  
 Yo admito que he recibido beneficios del Plan y autorizo pago al abogado o firma que me ha prestado el servicio. Yo estoy de acuerdo en reembolsar a mi abogado por cuotas que no sean cubiertas o en exceso de los beneficios proveidos por el Plan.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**ATTORNEY STATEMENT**  
*MUST BE COMPLETED TO ASSURE PROMPT PAYMENT*

**TYPE OF ACTION:**

DATE SERVICE PERFORMED		CODE AND CATEGORY OF CASE (See Back of Form)	HOURLY FEE	HOURS	FLAT FEES	FEE	ADMINISTRATOR'S USE ONLY
MO	YEAR						

ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_

FEDERAL EMPLOYER I.D. NO. \_\_\_\_\_ OR ATTORNEY S.S.N. \_\_\_\_\_

I certify that above listed services, cost, expenses and fees charged were incurred in connection with indicated matters.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

<p><b>AID ON ELIGIBILITY AND CLAIM QUESTIONS THROUGH:</b></p> <p align="center">WELFARE &amp; PENSION ADMINISTRATION SERVICE, INC.                  (206) 441-7574 or (800) 544-5085</p>	<p><b>MAIL CLAIM TO:</b></p> <p align="center">WELFARE &amp; PENSION ADMINISTRATION SERVICE, INC.                  PO BOX 34203                  SEATTLE, WA 98124-1203</p>
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**SOUTH BAY HOTEL EMPLOYEES, RESTAURANT EMPLOYEES LEGAL TRUST  
REQUEST FOR BENEFITS**

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<b>CODE</b>	<b>DESCRIPTION</b>
100	Conference in Law Office
110	Telephone Advice and/or Referral
200	Simple Wills
205	Consumer Contracts
206	Credit Action
230	Power of Attorney
231	Document Preparation
211	Deeds
216	Land Sales Contracts
221	Purchase or Sale of Home
223	Foreclosure
224	Landlord Action
225	Tenant Action
239	Lease Contracts
313	Change of Name
330	Non-contested Divorce
332	Adoption
342	Guardianship
300	Defendant Actions
310	Plaintiff Actions
312	Bankruptcy
331	Contested Divorce
333	Support and/or Custody
335	Property Settlement
340	Probate
360	Driver License
362	Title and Transfer
363	Repossession and/or Credit
366	Personal Injury
400	Felony – Capital Action
410	Felony- All Other
420	Misdemeanor – O.M.V.I.
430	Misdemeanor – Traffic, Other than O.M.V.I.
441	Other Self-Propelled Vehicle Violation
500	Immigration
510	Citizenship