



MEMBER APPLICATION

FILL OUT COMPLETELY AND RETURN TO LOCAL

I hereby apply for enrollment in the Teamsters Legal Defense Fund. I understand that coverage is not in effect until this application is approved by the Plan Administrator. If approved, I understand that coverage will begin the first of the month following receipt of the application.

Please check one:

- To my knowledge, I am not presently named in any lawsuits, actions or proceedings nor under investigation for a duty-related incident.
- I am presently named in an action, litigation or lawsuit or am under investigation for a duty related incident as follows (Failure to disclose may result in denial of claim):

NAME	LOCAL NO.
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PHONE	EMAIL
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ADDRESS

CITY	STATE	ZIP
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EMPLOYER(S)

ADDRESS/CITY/STATE/ZIP (FOR EACH EMPLOYER)
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SIGNATURE	SOCIAL SECURITY NO. (LAST 4 DIGITS ONLY)	DATE
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For more information contact the plan administrator: American Legal Services, 877.744.7550