Alaska State Employees Association Legal Services Trust Fund



Administered by Labor Trust Services (LTS) www.asealegalservices.org



Who is LTS?



Legal Claims Administration

ASEA Legal Benefits Available

- Plan Year Benefit July 1 through June 30
- NEW Effective with the plan year beginning July 1, 2021: Annual maximum benefit \$2,500
- Maximum hourly rate paid to attorney \$250 per hour

New Plan Change! -- \$25 Deductible has been removed!



Who is eligible to use the benefits?

- 1. If you are an ASEA member or agency fee payer for whom the State makes contributions to this Plan
- 2. Dependents are also eligible for benefit
 - Spouse
 - Unmarried children less than age 19 and lives in the home of the employee

If you are unsure if you are eligible for this benefit, please contact the Trust Office (LTS) to confirm:

Phone: (866) 678-8647

asealegal-eligibility@ltsalaska.com

asea legalservices

When am I Eligible?

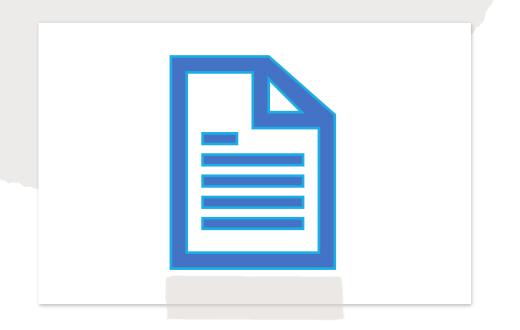
- When does my coverage begin?
 - You become initially eligible, and coverage begins on the first day of the second month following your beginning work date.

Мау	June	July	
Begin Working	Lag Month	First Coverage	

- When does my coverage end?
 - Your eligibility will terminate at midnight of the last day of the second month following the date you last work and have continuations made on your behalf.

September	October	November
Work Ends	Lag Month	Last Eligibility

How do I use benefits?



- 1. Make sure you have plan eligibility
- 2. Review plan booklet for covered services
- 3. Find a provider
- 4. Print out claim form
- 5. Provide claim form to attorney
- Submit claim form to Trust Office (LTS) (preferred attorneys may submit on your behalf)

What is covered?

Examples of Covered Services:

- Civil Litigation
- Real Estate Transactions
- Wills
- You as a Tenant
- Consumer Transactions
- Family Law Matters

Examples of Excluded Services:

- You as a Landlord
- Employment Matters
- Business Ventures
- Contingent Fee Cases
- Tax Return Filing
- Criminal or Traffic Litigation

How do I find out more information on my Legal Plan?

 Updated Summary Plan Description (SPD) Online!
www.asealegalservices.org



Chris McKay Phone: (866) 678-8647 asealegal-eligibility@ltsalaska.com Alaska State Employees Association Legal Services Trust Fund (ASEA)

> Summary Plan Description January 2020



You may use any attorney but a "Preferred Attorneys" have agreed to limit their fees to the rate our plan will pay per hour. The maximum hourly rate paid to attorneys by the plan is \$250 per hour

Please note!

The list of participating attorneys is solely provided so that you can determine which attorneys have agreed to limit their fees to the hourly rate the Plan will pay. By providing this list, the ASEA Legal Services Plan does not make any guarantee of outcome, or endorse the attorney's abilities.

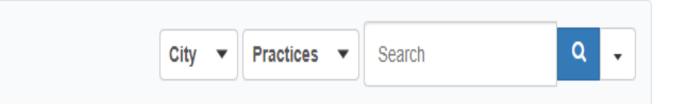
How can I find an attorney that fits my needs? <u>www.asealegalservices.org</u>

Attorneys

To filter your search, select the city and/or practice from the dropdown boxes. To reset your search, click on the blue "X" to the right of the Search box.

Cities: Anchorage, Douglas, Fairbanks, Homer, Juneau, Kenai, Ketchikan, Kodiak, Palmer, Sitka, Soldotna, Wasilla, Los Angeles, CA or Bellevue, WA

Practices: Bankruptcy, Civil Litigation, Consumer Transactions, Estate Planning/Wills, Family Law, General Practice, Landlord/Tenant, Personal Injury, Real Estate, Other



Claim Form

You can find me online!





NOTE FILING DEADLINE: All claims for services received during the plan's year ending June 30th must be received at the Administration Office no later than August 31st or payment may be denied for late filing. REQUEST FOR BENEFITS

MAIL CLAIM FORM TO: Administration Office P.O. Box 93870 Anchorage, Alaska 99509-3870

(866) 678-8647

EMPLOYEE'S STATEMENT

1.	Name	(last)	(first)		(middle initial) SSN#	Employee ID#
2.	Address _		(street and no.)		(city and state)	(zp code) Hire Date
		is for some self, comple		□ Spouse □ Child		Birth Date Birth Date

4. Are you or your dependent insured under any other group plan which will also pay for any of the expenses of this claim?

□ Yes □ No If yes, give name, address, and policy number, or insurance company providing benefits.

Name & Address

I have been advised of the plan's maximum benefits (hourly and benefit year) for covered legal fees and costs regardless of the attorney's rates. I agree that I am responsible for payment of any amounts not covered by the trust. I agree to reimburse the trust by preference and priority for all amounts paid by the trust insofar as such amounts are recovered from a third party. I further agree that this trust and employer are not responsible for any errors or omissions of the attorney. I authorize the undersigned attorney to provide the Administration Office any information necessary to process the claim.

5. Signed

____ Date__

Plan No.

My Contact at LTS Direct Line: (866) 678-8647



Eligibility/Benefits/Claims

Chris McKay

Phone: (866) 678-8647

<u>asealegal-</u> eligibility@ltsalaska.com

? Questions?