

Alaska State Employees Association Legal Services Trust Fund



Administered by Labor Trust Services (LTS)

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www.asealegalservices.org



Who is LTS?



Legal Claims Administration



ASEA Legal Benefits Available

- Plan Year Benefit July 1 through June 30
- Annual maximum benefit \$2,000
- Maximum hourly rate paid to attorney \$225 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



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.

| | | |
|---------------|-----------|----------------|
| May | 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
6. 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

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**Alaska State
Employees
Association Legal
Services Trust Fund
(ASEA)**

Summary Plan Description
January 2020



What is a Preferred Attorney?

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 \$225 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?

www.asealegalservices.org

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

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Claim Form

You can find me online!



**REQUEST FOR BENEFITS**

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.

MAIL CLAIM FORM TO:
Administration Office
P.O. Box 93870
Anchorage, Alaska 99509-3870
(866) 678-8647

EMPLOYEE'S STATEMENT

1. Name _____ SSN# _____ Employee ID# _____
(last) (first) (middle initial)

2. Address _____ Hire Date _____
(street and no.) (city and state) (zip code)

3. If Benefit is for someone other than yourself, complete: ☐ Spouse _____ Birth Date _____
☐ Child _____ 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 _____ Plan No. _____

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 _____



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



Eligibility/Benefits/Claims

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? Questions?