



TEAMSTERS LEGAL DEFENSE FUND APPLICATION

FILL OUT COMPLETELY AND RETURN TO LOCAL 320

I hereby apply for enrollment and participation 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.

To my knowledge, I am not presently named in any lawsuits, actions or proceedings nor under investigation for a duty-related incident.

I have been 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: _____ Phone: () _____

Address: _____
Street City State Zip

Employer: _____

Job Title/Classification: _____

Social Security No. (Last 4 digits only): _____ Union ID #: _____

Signature: _____ Date: _____

METHOD OF PAYMENT:

\$7.24 monthly added to dues and deducted monthly.

\$86.88 annually (check enclosed). Please make check payable to Teamsters Local #320.