DOCTORS COUNCIL RETIREE WELFARE FUND
50 Broadway, 11th Floor, Suite 1101, New York, New York 10004 (212) 532-7690 Fax (212) 481-4137

OUT-OF-STATE LEGAL SERVICES CLAIM FORM

THIS COMPLETED FORM MUST BE POSTMARKED, IF MAILED, OR RECEIVED WITHIN ONE (1) YEAR FROM THE DATE OF SERVICE, ALONG WITH YOUR RECEIPT FOR SERVICE(S) RENDERED.

RETURN TO:
Doctors Council Retiree Welfare Fund
50 Broadway, 11th Floor, Suite 1101
New York, New York 10004
Phone: 212 532-7690 • Fax: 212 481-4137
Email: benefits@doctorscouncil.org

MEMBER INFORMATION

LAST NAME	FIRST NAME	MI	BIRTHDATE	SOCIAL SECURITY #
ADDRESS *Street*	*City*		*State*	*Zip code*
HOME PHONE	HOME FAX	CELL PHONE	EMAIL	

ATTORNEY INFORMATION : PROVIDER MUST COMPLETE THIS SECTION

NAME	ADDRESS	TELEPHONE NUMBER
DATE(S) OF SERVICE	TYPE OF SERVICE: ☐ REAL ESTATE CLOSING ☐ WILL PREPARATION	

Attorney's Signature for Legal Services: ______________ Date: ________ License #: ______________

MEMBER'S SIGNATURE	DATE