

BOSTON TEACHERS UNION
PARAPROFESSIONAL PREPAID LEGAL SERVICES FUND
180 Mt. Vernon Street
Boston, MA 02125
(617) 288-0500

PLEASE SUBMIT A COPY OF YOUR SEPTEMBER PAY STUB INCLUDING THE INFORMATION BELOW TO THE ABOVE ADDRESS (ATTN: JEAN MITCHELL), AND AN AUTHORIZATION FORM WILL BE MAILED TO YOU.

Total amount of authorization forms needed: _____

Name of Teacher: _____

Address: _____

City: _____ State.: _____ Zip: _____

Home Phone #: _____

School: _____

School Phone #: _____

Social Security #: _____

Date of Birth: _____

LAW FIRM: _____

If client is your spouse:

Name _____

Address _____ City _____

State _____ Zip _____

Date of Birth _____

If your client is your child:

Name _____

Address _____ City _____

State _____ Zip _____

Date of Birth _____

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Dear Covered Paraprofessional:

Each year the School Department is required to contribute to the Health and Welfare Fund for each Teacher employed in the Teachers' bargaining unit at the start of the school year. You are not covered under the Health and Welfare Fund for any school year until it is determined that you are listed in that bargaining unit and that the School Department must make a payment in your behalf for that year. When this is accomplished, you are covered retroactively to the proper effective date.

Your eligibility under the Prepaid Legal Services Plan is determined by your eligibility under the Health and Welfare Fund.

Since the School Department has yet to make its list of who is eligible for coverage this school year, your eligibility has not been established.

Because you have expressed a need for legal services before an eligibility list for this year has been generated, we have used information you have provided to determine that you are **likely** to be included on that list when it is finally completed. However, that list is the final determining factor. **If you are not on the final list** for a Health and Welfare Fund contribution, legal services you received after September 1 will not be covered and **payment for those services will be your responsibility** not that of the B.T.U. Prepaid Legal Services Fund.

Since payment **may** be your responsibility, I suggest that you ask the law firm what the charges might be. This will allow you to determine whether you should delay some legal services not immediately required.

The law firm will have a copy of this letter for you to sign at your first meeting to verify that you have been informed of this situation.

Sincerely,

Eugene M. McGlynn
Plan Administrator

NOTE TO DEPENDENTS: A Dependent's coverage is based upon the Teacher's coverage. Therefore, this letter, although written assuming the reader to be a Teacher, should still help to clarify for the Dependent the situation regarding eligibility, which exists at this time each year.

I have read the above information _____
Signature Date