



A Union of Professionals

### Occupational Liability Plan Claim Form

**The following must be completed by the member and submitted to:**

Johns Eastern Company

P.O. Box 110239, Lakewood Ranch, FL 34211

Email: [AFT@johnseastern.com](mailto:AFT@johnseastern.com), Toll-free phone: 877-590-5562, Fax: 813-402-7943

**Date of Loss:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Contact Information:**

Member's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Member's Local #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Member's Attorney: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Claimant's Attorney: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Affiliate Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following must be attached in order to consider this claim:**

- 1. Copy of the claim or complaint that has been filed against the member;**
- 2. Letter from local affiliate confirming that the member is in good standing and the date membership began.**

**Member's Description of Occurrence (attach additional sheets if more space is needed):**

Has this claim been reported to the employer? Yes \_\_\_\_\_ No \_\_\_\_\_

