



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, 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 _____

