

# PORAC LEGAL DEFENSE FUND

## PROVIDER DESIGNATION FORM

PO BOX 4859 Santa Rosa CA 95402 | membership@poracldf.org

Assn Name: \_\_\_\_\_ Assn No.: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Article V, Section 4 of the Plan Document states in pertinent part:

**4. Referral by Legal Administrator to Panel Attorney or Field Representative**

The Legal Administrator shall refer representation of a Participant who is entitled to benefits to a Panel Attorney or Field Representative. In making such a referral, the Legal Administrator shall, where feasible, select a Panel Attorney or Field Representative who meets the approval of such Participant's Member Association.

**AS AN AUTHORIZED REPRESENTATIVE OF THE AFOREMENTIONED ASSOCIATION, I DESIGNATE OUR PANEL ATTORNEY/PANEL FIELD REPRESENTATIVE(S) AS FOLLOWS:**

(Please check only one of the following options for designation)

### PRIMARY PROVIDER:

CONFLICT PROVIDER\*: \_\_\_\_\_

\*If you choose to utilize a single Primary Provider, you should include another firm for conflict situations.

### MULTIPLE PROVIDERS

Choose One: **ORDER OF PREFERENCE**

Cases are referred in order of the list below, but upon request any Provider may be used by a Participant.

**OFFICER MAY CHOOSE**

Participant may choose any of the following Providers from the list below.

Designated Provider List:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### AUTHORIZATION

Signature

Request Date:

Authorized Representative

Title

### FOR ADMINISTRATIVE USE ONLY

Approval: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Processed: \_\_\_\_\_

Processor: \_\_\_\_\_

Process Notes: \_\_\_\_\_