EMPLOYEE BENEFIT PLAN CLAIMS REQUEST FOR ARBITRATION

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Name of Plan Participant/Beneficiary:	Name of Plan Participant/Beneficiarys' Representative:
Check applicable box: Filing Party is Plan Participant/Beneficiary Plan	Name of Firm (if applicable):
Contact Person:	
Address:	Representative's Address:
City: State: Zip Code:	City: State: Zip Code:
Telephone:	Telephone:
Email Address:	Email Address:
Additional Email(s) to be copied on correspondence:	
Arbitration is demanded pursuant to the terms of the Collective Bar AAA's Employee Benefit Plan Claims Arbitration Rules. The named parties hereby submit the dispute for arbitration under t	aining Agreement/Trust Agreement, which provides for arbitration under the e AAA's Employee Benefit Plan Claims Arbitration Rules.
Nature of Dispute:	
Dollar Amount of Claim: \$	Other Relief Sought:
	Attorneys Fees Interest Arbitration Costs
	Punitive/Exemplary Other
Amount Enclosed: \$	In accordance with Fee Schedule:
Please describe appropriate qualifications for arbitrator(s) to be appoint	ed to hear this dispute:
The filing party requests that hearings be held at the following location:	
Check one: Agreement of the Parties Locale Provision specified in	he Plan
	demand are being filed with the American Arbitration Association office ce administration of the arbitration.
Name of Plan:	Name of Plan's Representative:
Contact Person:	Name of Firm (if applicable):
Address:	Representative's Address:
City: State: Zip Code:	City: State: Zip Code:
Telephone:	Telephone:
Email Address:	Email Address:
AAA Customer Service	an be reached at 800.778.7879.

Reminders: Send a copy of this form to the other side at the time it is forwarded to the AAA. Please reference appropriate fees pursuant to the fee schedule outlined in the Rules. You can file your case online by visiting the AAA's website at www.adr.org. You may also wish to visit our website for a complete list of our administrative services and procedures. Your case manager can also provide additional information.