



FOP LEGAL DEFENSE PLAN GROUP APPLICATION

As of 1/01/08



Lodge or Group Name: _____ Lodge or Group Number: _____ Contact Person: _____

Lodge or Group Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____ Fax: _____

E-Mail: _____

By submitting a group application for participation, the group agrees that it is responsible for and has the fiduciary duty under ERISA to distribute cards and summary plan descriptions to each Participant in that group upon receiving the information from the Enrollment Administrator.

Number of Participants Enrolling in the Plan: _____ x _____ **each = \$** _____

***FULL COVERAGE:**
Administrative, Civil and Criminal
Annual Rate: \$197

- Payment Options:
- Annual **\$197**
- Semi-Annual **\$98.50 – 1st Half**
\$98.50 – 2nd Half
- Quarterly **\$49.25 – 1st Qtr.**
\$49.25 – 2nd Qtr.
\$49.25 – 3rd Qtr.
\$49.25 – 4th Qtr.

***TWO COVERAGES:**
Administrative + (circle one) Civil or Criminal
Annual Rate: \$158 per participant

- Payment Options:
- Annual **\$158**
- Semi-Annual **\$79 – 1st Half**
\$79 – 2nd Half
- Quarterly **\$39.50 – 1st Qtr.**
\$39.50 – 2nd Qtr.
\$39.50 – 3rd Qtr.
\$39.50 – 4th Qtr.

TWO COVERAGES:
Civil and Criminal
Annual Rate: \$48 per participant

- Payment Options:
- Annual **\$48**
- Semi-Annual **\$24 – 1st Half**
\$24 – 2nd Half

ONE COVERAGE:
Civil or Criminal ONLY
Annual Rate: \$42 per participant

- Payment Option:
- Annual **\$42**

***OPTIONAL COVERAGE:**

Supplemental Administrative Off-Duty:
Annual Rate: \$30 per participant

- Annual **\$30**
- Semi-Annual **\$15 – 1st Half**
\$15 – 2nd Half
- Quarterly **\$7.50 – 1st Qtr.**
\$7.50 – 2nd Qtr.
\$7.50 – 3rd Qtr.
\$7.50 – 4th Qtr.

This supplemental benefit is provided with a benefit limit of \$2,500 per occurrence for off-duty incidents which are NOT within the scope of employment which result in administrative discipline or sanction. Only available with Administrative coverage.

If paying by check, make payable to: FOP Legal Plan, Inc.

Remit to: FOP Legal Plan, Inc.
c/o Hylant Group, Inc.
PO Box 1687
Toledo, OH 43603

Any Questions Call: 1-800-341-6038

If paying by credit card:

Type: Visa Mastercard

Card Holder Name: _____
Card Number: _____
Expiration Date: _____

