



FOP Legal Defense Plan Individual Application Form



Name _____
 Address _____ City _____ State _____
 Zip _____ Phone _____
 Social Security Number _____ - _____ - _____ Date of Birth _____
 Employer _____

By completing this application I certify that I am currently employed by a federal, state or local law enforcement agency, and I am an FOP member in good standing. My FOP member number is _____, and I belong to Lodge No. _____ in the state of _____.

Signature _____ Date _____

COVERAGE OPTIONS

***FULL COVERAGE:**

Administrative, Civil and Criminal
Annual Rate: \$215.00

Payment Options:

Annual - Remit **\$215.00** by check or credit card.
 Semi-Annual – Remit **\$107.50** by check or credit card.
 Second half invoiced at **\$107.50**

***TWO COVERAGES:**

Administrative + (circle one) Civil or Criminal
Annual Rate: \$173.00

Payment Options:

Annual - Remit **\$173.00** by check or credit card.
 Semi-Annual – Remit **\$86.50** by check or credit card.
 Second half invoiced at **\$86.50**

Civil and Criminal
Annual Rate: \$52.00

Payment Option:

Annual - Remit **\$52.00** by check or credit card.

ONE COVERAGE:

Civil or Criminal Only (circle one)
Annual Rate: \$46.00

Payment Option:

Annual - Remit **\$46.00** by check or credit card.

* **OPTIONAL Supplemental Administrative Off-Duty Coverage.** Provided up to a specified limit for off-duty occurrences which result in administrative discipline or sanction when conduct is NOT “in the scope of employment”, as defined in the Plan Description Booklet. **This supplemental benefit is only available when purchasing Full Coverage or Administrative coverage plus one additional coverage part. The additional annual participation fee is \$30.00 and should be added to the remittance amounts above (\$30 for annual pay and \$15.00 for semi-annual).**

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

Remit to: FOP Legal Plan, Inc.
 c/o Hylant Group, Inc.
 P.O. Box 1687
 Toledo, OH 43603
 Questions: **Call 1-800-341-6038**

Credit Card Payment: Visa MasterCard

Card Holder Name _____

Card Number _____ Exp. Date _____

By checking this box we will automatically renew your policy and deduct payment from your account unless otherwise notified.

Note: Coverage effective dates are the first of every month. Completed applications and payment must be received by Hylant Group on or before the last business day of any month for coverage to start the first day of the following month. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.

You must be employed by a federal, state or local law enforcement agency and be an FOP member in good standing to participate in this plan on an individual basis and be eligible for benefits. Any person who is subsequently determined not to be eligible to participate or to receive benefits as of the date a claim arises, will not receive payment of benefits.