



FOP LEGAL PLAN - CLAIM REPORTING FORM

(PLEASE PRINT CLEARLY)

**** ACTIVE ONLY ****

1. Claimant's full name :

2. Address, City, State, Zip :

3. Telephone (w/ area code) Work: Home:

May we contact you at work? Yes : No: Cell:

4. Social Security No. SSN 5. Lodge / State #

6. Law enforcement employer and employer's address, city, state, zip

7. Date of incident: resulting in (or which may result in) administrative discipline or lawsuit? Date:

8. Specifically describe the incident leading up to the claim presented for review. **(CONTINUE ON SEPARATE PAGE)*

9. Specifically describe any administrative charges or discipline: **(CONTINUE ON SEPARATE PAGE IF NECESSARY)**

10. Lawsuit filed? Yes: No: **(Please forward a copy of the suit)**

11. Have you contacted an attorney? If so, provide name, complete address, and telephone number (Below).

12. Enclose a copy of all charges, notice of investigation, and all documents, including correspondence to/from attorney (s).

Under the Administrative coverage, there is a Salary Reimbursement Option (SRO), which can be taken **once a suspension has been imposed** and allows a Member to choose up to 3- days actual loss of pay (based on regular hourly rate) or \$500.00, whichever is less. Claims for the SRO cannot be taken more than **30 days after the suspension**. This option may not be elected nor may benefits be paid for more than **one occurrence** taking place in any **one-year period** of time. This option is in lieu of legal costs. If attorney fees exceed \$500, the SRO is no longer available.

***OFFICER SIGNATURE**

DATE:

**By signing this Form, the claimant affirms that he/she is a qualified Participant in good standing of the FOP Legal Plan, Inc. If it is determined at any time that the claimant is not a qualified Participant in good standing and eligible for benefits, the claim will not be subject to coverage.*

Return COMPLETED and SIGNED claim form to:

Pattie Poindexter

**FOP Legal Plan, Inc. -- Keenan & Associates, Inc
PO Box 14590, Albuquerque, NM 87191**

Fax: 505-293-6400

ppoindexter@fop.net





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8. Specifically describe the incident leading up to the claim presented for review. **(CONTINUED FROM PAGE ONE)*

9. Specifically describe any administrative charges or discipline: **(CONTINUED FROM PAGE ONE)*

