



**FOP HR-218
Federal Law Enforcement Officers Safety Act of 2004
Legal Defense Coverage Application**

Please complete fully and accurately.

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Social Security No. _____ - _____ - _____

Date of Birth _____ FOP ID #: _____

FOP Lodge Name and No. _____

Employment Status: Active Retired

Annual Rate: \$50.00

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 1st day of the following month. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.

You must be an FOP member in good standing to participate 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.

By signing below you are certifying that you meet all of the requirements set forth in LEOSA. If you are currently employed as a law enforcement officer by a governmental agency, LEOSA requires, among other things, that you must have powers of arrest, be authorized by the agency to carry a firearm and have met all agency standards to qualify in the use of a firearm. If you are retired as a law enforcement officer from a public agency, LEOSA requires, among other things, that you must have had powers of arrest while employed, must have retired in good standing after a minimum of 15 years of service (or have a duty disability), and **MUST HAVE BEEN ISSUED A CERTIFICATION BY YOUR STATE DURING THE MOST RECENT 12 MONTHS stating that you meet state standards applicable to active law enforcement officers for carrying firearms. **Not fulfilling these requirements and others set forth by LEOSA will result in no coverage.****

Signature _____