

FOP LEGAL DEFENSE PLAN



Claim Reporting Form

Name: _____ Address: _____

SSN : _____

Work Phone Number: _____ City: _____

Home Phone Number: _____ State: _____

Cell Number: _____ Zip Code: _____

FOP Lodge / State: _____ Date of Incident: _____

Signature: _____ Date Signed: _____

E-mail: _____

Description of the incident leading up to the claim presented
(Use separate sheet as necessary)

Has a lawsuit been filed (civil)? _____ Yes _____ No (If yes, please forward a copy of the suit.)

Have you contacted an attorney? _____ Yes _____ No (If yes, please submit attorney information.)

Attorney Information

Name: _____ Address: _____

Phone Number: _____

Fax Number: _____ City: _____

Email: _____ State: _____

Zip Code: _____

Enclose copy of charges, notice of investigation, all documents, including correspondence to/from attorney

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.