

FOP LEGAL DEFENSE PLAN



Claim Reporting Form

Name: _____ SSN (Last 4 Digits): _____

Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Number: _____

FOP Lodge / State: _____ Date Alleged Conduct Took Place: _____

Signature: _____ Date Signed: _____

Please provide **personal** e-mail: _____

Claim Type (**check one**) Civil Criminal SRO Administrative Full (LEOSA) HR-218(LEOSA)

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 *(Non-Plan attorney selection results in \$250 deductible due by member)*

Firm/Business Name: _____

Attorney Name: _____ Assistant Name: _____

Phone Number: _____ Assistant E-mail: _____

Fax Number: _____ Atty Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Please include any letters, notices, or other documents you have that are connected to your claim. This will allow us to quickly determine if coverage applies.