



**FOP LEGAL DEFENSE PLAN
GROUP APPLICATION**
As of 5/01/10



Lodge or Group Name: _____ Lodge or Group Number: _____ Contact Person: _____
 Lodge or Group Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____ Fax: _____
 E-Mail: _____

By submitting a group application for participation, the group agrees that it is responsible for and has the fiduciary duty under ERISA to distribute cards and summary plan descriptions to each Participant in that group upon receiving the information from the Enrollment Administrator.

Number of Participants Enrolling in the Plan: _____ x _____ **each = \$** _____

FULL COVERAGE:
**Administrative, Civil, Criminal and
 Administrative Off-Duty**
Annual Rate: \$221 per participant

- Payment Options:
- Annual **\$221**
 - Semi-Annual **\$110.50 – 1st Half**
\$110.50 – 2nd Half
 - Quarterly **\$55.25 – 1st Qtr.**
\$55.25 – 2nd Qtr.
\$55.25 – 3rd Qtr.
\$55.25 – 4th Qtr.

THREE COVERAGES:
**Administrative, Administrative Off-Duty +
 (circle one) Civil or Criminal**
Annual Rate: \$182 per participant

- Payment Options:
- Annual **\$182**
 - Semi-Annual **\$91 – 1st Half**
\$91 – 2nd Half
 - Quarterly **\$45.50 – 1st Qtr.**
\$45.50 – 2nd Qtr.
\$45.50 – 3rd Qtr.
\$45.50 – 4th Qtr.

TWO COVERAGES:
Civil and Criminal
Annual Rate: \$48 per participant

- Payment Options:
- Annual **\$48**
 - Semi-Annual **\$24 – 1st Half**
\$24 – 2nd Half

ONE COVERAGE:
Civil or Criminal ONLY
Annual Rate: \$42 per participant

- Payment Option:
 Annual **\$42**

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

Remit to: FOP Legal Plan, Inc.
 c/o Hylant Group, Inc.
 PO Box 1687
 Toledo, OH 43603

Any Questions Call: 1-800-341-6038

Fax: 419-255-7557

If paying by credit card:

Type: Visa Mastercard

Card Holder Name: _____

Card Number: _____

Expiration Date: _____

