

FOP LEGAL DEFENSE PLAN



HR-218 Application

Name: _____ Address: _____

Phone Number: _____

SSN (Last Four Digits): _____ City: _____

Date of Birth: _____ State: _____

FOP ID Number: _____ Zip Code: _____

FOP Lodge Name: _____ FOP Lodge Number: _____

Employment Status: _____ Active _____ Retired

Annual Rate: \$50.00

Payment Information

_____ I wish to pay by check *(If paying by check, make payable to: FOP Legal Plan, Inc. and submit to the address listed at the bottom of this form)*

_____ I wish to pay by credit card *(If paying by credit card, complete all information listed below.)*

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 day after application approved and payment received by Hylant Group. 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 submitting this form 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 10 years of service (or have a duty disability), and **MUST HAVE MET WITHIN THE MOST RECENT 12 MONTHS THE STANDARDS FOR QUALIFICATION IN FIREARMS for active law enforcement officers as determined by your previous agency or your state; if your state has not established standards, you may qualify through any law enforcement agency in the state or by meeting standards of a certified firearms instructor in your state. Not fulfilling these requirements and others set forth by LEOSA will result in no coverage.**