

# FOP LEGAL DEFENSE PLAN



## Individual Application

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SSN (Last Four Digits): \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Zip Code: \_\_\_\_\_

By completing this application I certify that I am currently employed by a federal, state or local law enforcement agency, and I am an FOP member in good standing. My FOP member number is \_\_\_\_\_, and I belong to Lodge No. \_\_\_\_\_ in the state of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Coverage Options

### Full Coverage:

Administrative, Civil, Criminal, and Administrative Off-Duty  
Annual Rate: \$258.00

### Payment Options:

Annual Remit \$258.00 by check or credit card  
Semi-Annual Remit \$129.00 by check or credit card  
Second half invoiced at \$129.00

### Two Coverages:

Civil and Criminal  
Annual Rate: \$64.00

### Payment Options:

Annual Remit \$64.00 by check or credit card

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## 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 employed by a federal, state or local law enforcement agency and be an FOP member in good standing to participate in this plan on an individual basis 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.***

