

★ ★ ★ FOP LEGAL PLAN, INC.

ADMINISTRATIVE * CIVIL * CRIMINAL

FOP Customer Portal Instructions for New Individual Members

The customer portal allows you to sign up and manage your account 24/7. Use the online portal to:

- Enroll
- Conveniently update personal contact information anytime
- View membership and coverage type/effective date
- Send and receive electronic notifications
- Manage online bill pay
- View previous payment and order history

Setting Up Your Account

1. To access the portal, visit <u>www.foplegal.com</u>. Click Join Now and select Individual Enrollment.

| | AL ORDER OF POLICE AL DEFENS N | E |
|-----------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| ABOUT PRICING | JOIN NOW PLAN ATTORNEY | Y & CLAIMS CONTACT CUSTOMER PORTAL NEWS & UPDATES PAY MY BILL |
| | Individual Enrollment | |
| Individual Enrollment | Group Enrollment | NROLLMENT |
| Group Enrollment | Retired Law Enforcement | uplication approval, you will receive a Welcome Packet, including ID Card and a |
| Retired Law Enforcement Concealed Carry Coverage | Moonlighting | ance, please contact us at 800-341-6038 or info@foplegal.com. If you |
| Moonlighting | Fidelity Bonding | please make payable to FOP Legal Plan, Inc. |
| Fidelity Bonding | Individual Enrollment | »> |
| | | |



2. To establish your account, click on the **Create your Legal Defense Plan Customer Portal** button.

| learnama ar amail | |
|---------------------|------------------|
| Username or email | |
| | ••• |
| Password | |
| | •••• |
| Keep me logged in | Forgot Password? |
| | Log In |
| Sign up for FOP Leg | al Defense |

3. Complete the form to create your account. All information is required. If your FOP membership is pending, type "PENDING" in the "FOP Member Number" field. Click the **Sign Up** button.

| Sign up to continue | |
|---------------------------------------------|-------------|
| First Name | Last Name |
| 3 | |
| FOP Member Number | Last 4 SSN |
| | |
| Your email address | |
| provide a personal email address.) Password | |
| Confirm Password | ¥ |
| | (a) |
| | Sign Up |
| Already have | an Account? |
| Login to yo | pur account |



4. Next, complete your profile.

| | _ | Sider History Pray Off Orders Saved Cards | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------|---|
| | | | | | |
| Prefix First Name | | Last Name | | Suffix | |
| Prefix ~ | | | | Suffix | ~ |
| | | | | | |
| Title | | | | | |
| | | | | | |
| Phone Type | | Area Code Phone | Extens | ion | |
| Cell Phone | ~ | Area Code Phone | Exte | nsion | |
| Email Type | | Email Address | | | |
| Primary Email | ~ | | | | |
| | | (In order to protect the privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to provide a privacy of your account, we encourage you to privacy of you to privacy you t | ersonal email address.) | | |
| Address Type | | Preferred Address | | | |
| | ~ | | 0111 | | |
| Address Line 1 | | Address Line 2 | City | | |
| Zin | | Country | Stote/Drovince | | |
| zip | | United States | State/Province | | ~ |
| Zip | | | | | |
| Zip | | | | | |
| .odge/Employer | | Lodae Name | Loda | e Number | |
| dep | | Lodge Name | Lodg | e Number | |
| odge/Employer odge State State/Province | ~ | Lodge Name | Lodg | e Number | |
| odge/Employer odge State State/Province | ~ | Lodge Name | Lodg | e Number | |
| codge/Employer odge State State/Province lame of Employer | ~ | Lodge Name | Lodg | e Number | |
| odge/Employer odge State State/Province lame of Employer | ~ | Lodge Name | Lodg | e Number | |
| odge/Employer odge State State/Province lame of Employer | | Lodge Name | Lodg | e Number | |
| odge/Employer odge State State/Province lame of Employer | | Lodge Name | Lodg | e Number | |
| Ap odge/Employer odge State State/Province lame of Employer Employer Address | | Lodge Name | Lodg | e Number | |
| Ap odge/Employer odge State State/Province ame of Employer Employer Address Address Line 1 | | Lodge Name Address Line 2 | Lodg | e Number | |
| Ap odge/Employer odge State State/Province lame of Employer Employer Address Address Line 1 Address Line 1 | | Lodge Name Address Line 2 Address Line 2 | City | e Number | |
| App odge/Employer odge State State/Province Iame of Employer Employer Address Address Line 1 Address Line 1 Postal Code | | Lodge Name Address Line 2 Address Line 2 Country | City City State | e Number | |

If a field is required but left blank, you will see a red error notice.

| Last Name | |
|--------------------------------------|--|
| Last Name | |
| Blank value is not OK for Last Name. | |



5. Near the end of the form, you will be asked about your eligibility status (e.g., currently employed, retired). Your answer to this question will determine the type of coverage for which you are eligible.

Please select appropriate eligibility status:

- O Employed by federal, state, or local law enforcement agency
- C Employed by Private college/university, private railroad, or Native American tribal government
- Fully Retired Law Enforcement Officer

6. Once you have completed your profile, save it by clicking the **Save Changes** button that appears in the bottom right-hand corner of the screen. After Hylant approves your enrollment, your profile will be updated to reflect your coverage type, member status, effective date and dues paid-through date.

| Membership Information | |
|------------------------|-------------------|
| Coverage Type | Member Status |
| Non-Member | Inactive |
| Effective Date | Dues Paid Through |
| Join Date | Dues Paid Through |
| | |
| | Save Changes |



7. The coverage page will appear next. Click on the blue text that says **plan description**. Select your plan in the Library to view eligibility requirements.

| Coverage | | | | | | | | |
|-------------------------------------------|--------------------------------------------|-----------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------------|---------------------------------|
| Coverage e ineligibility By submiss | ffective da for, and no sion of this | ates are the fir on-payment of application, y | st day after the benefits. rou confirm that | application is approved and pa you meet the eligibility require | yment received ments as set for | by Hylant. Applicatic | ns not fully and acco ption. | urately completed may result in |
| | | FRATERNA LEGA PLA | AL ORDER OF AL DE N | FENSE | | | | Plan Attorney Search 💽 |
| ۵ | ABOUT | PRICING | JOIN NOW | PLAN ATTORNEY & CLAIMS | CONTACT | CLIENT PORTAL | NEWS & UPDATE | S PAY MY BILL |
| Overview | | | LIB | RARY | | | 5051 | |
| Board of Tru | ustees | | with di | is the enroliment and ma irect marketing in your st | arketing admi ate. | nistrator for the | FOP Legal Defer | ise Plan, and can assist you |
| Library | | | Leg Leg | al Defense Plan Brochure al Defense Plan Descriptior | 1 | | | |
| FAQs | | | Reti | ired Law Enforcement Cond | cealed Carry L | egal Defense Cove | erage (CCC) | |
| | | | Reti | ired Conceal Carry Coverag | e Flyer | | | |
| | | | O Pres | sentation | | | | |
| | | | © TUT | ORIAL: "How to's for enro | llment, filing a | claim, and using | the Client Portal" | |
| | | | For mo | pre information on the FC | P Legal Defe | nse Plan, please | contact us. | |



8. Back on the coverage page, in the "Enrollment Type" section of the form, select **Individual** as your enrollment option. Type in your name to confirm that you have read and understand the plan eligibility requirements.

| Coverage | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|------------------------|
| Coverage effective dates are the first day after the appl ineligibility for, and non-payment of benefits. By submission of this application, you confirm that you | ication is approved and payment meet the eligibility requirements | received by Hylant. Applications not as set forth in the plan description. | t fully and accurately co | ompleted may result in |
| Basic Information | | | | |
| Prefix First Name | | Last Name | | Suffix |
| Prefix 🗸 | *** | | | Suffix 🗸 |
| Title | | | | |
| | | | | |
| Fmail Type | Email Address | | | |
| Primary Email | · · · · · · · | | | |
| | (In order to protect the prive personal email address.) | acy of your account, we encourage ye | ou to provide a | |
| Phone Type | Area Code Phone | | Extension | |
| Cell Phone 🗸 | | | Ext | |
| Enrollment Type Individual Group I affirm I have read and understood plan eligibility require Select Coverage Option Administrative, Civil, Criminal S310.00 more details Credit Cards | ements outlined at the top of this Criminal more details | s page. | | |
| | | | | |
| Check | | | | |
| Bank Account (ACH) | | | | |



9. Click on the coverage option you wish to select (a blue bar will apear above your selection) and the payment option (annual or semi annual). Then, choose your payment type (credit card, check, electronic/ACH payment) and click **Pay & Submit**.

| Select Coverage Option Administrative, Civil, Criminal SS10.00 more details more details | |
|------------------------------------------------------------------------------------------|--------------|
| Select Payment Options Annual \$310.00 Semi Annual \$15.00 | |
| Credit Cards | > |
| Check | > |
| Bank Account (ACH) | ~ |
| Note: Please enter numbers with no spaces or dash | |
| Account Number | |
| Account Holder's Name | |
| | |
| Bank Name | |
| Routing Number | |
| Auto Benew? | |
| Save for Future Use | Pay & Submit |

10. Once you submit the completed form, a "Submission Received" confirmation page will appear. You also will receive a confirmation email. To send a copy of your receipt to an additional email address, type the email address in the space provided and click on the blue **Email Receipt** button.

| ubmission Received | | Sub | mission Summary | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------|------|-----------------|--------|
| Thank you for your submission? Coverage effective dates are the first day after the application | s approved and payment received by Hylant. | Gran | d Total | \$310. |
| If you have chosen to pay by check please send your check payable to FOP Legal Plan, Inc. to th | he following address: | Subr | otal | \$310 |
| FOP Legal Plan, Inc. P.O. Box 84920 | | Tota | | \$310 |
| Chicago, IL 60689-4920 | | Bolo | nce | \$0. |
| An email continuation has been sent to your email: ampunolightest.com | | Payr | nents | \$310. |
| Multiple email addresses should be separated by commas. | Email Receipt | | | |
| | | | | |
| Order Number: | Customer Number: | | | |
| Order Type: | Order Date: | | | |
| Regular | 09/09/2021 | | | |
| Status: Taken | Grand Total: \$310.00 | | | |
| Shipment Method: | Payment Method: | | | |
| NA | Visa | | | |
| Ship To: | Bill To: | | | |
| | | | | |
| | | | | |
| overage Selected | | | | |
| Administrative, Civil, Criminal | | | | |
| No Photo \$310.00 Available | | | | |
| Individual Sub: Amy Nol. Start: 9/9/2021 # Copies: 1 | | | | |
| Auto Renew? | | | | |



Managing Your Account

On the home page, the menu across the top of the screen allows you to navigate to your profile page, review your order history, renew your coverage ("pay off orders") and view payment methods on file ("saved cards").

1. Click on **Profile** to review and update your information as necessary. Always remember to click on the **Save Changes** button in the lower right-hand corner of the screen when you are done.

| Welcome tp32 ▼ | 🏋 My Cart | | | |
|----------------|---------------|----------------|---------------|--------------------|
| Profile | Order History | Pay Off Orders | 音 Saved Cards | Topics Of Interest |
| | | | | Save Changes |

2. Click on **Order History** to see your initial order and renewals. The balance due will not appear on this screen until quotation is processed by Hylant. You can click on the blue **OrderID** number to see details around a specific order.

| | | 2 Profile | Order History | Pay Off Orders | Saved Cards | Topics Of Interes | | |
|-----------------------|-----------------------------|-------------------------|-------------------------------|-------------------|-------------|-------------------|-----------------|--------------|
| orting | Order History | | | | | | | |
| Recent Orders | Showing ; All Time / Latest | | | | | | | |
| Order Type | OrderID | Order Date | : | Order Status | | Ship Date | Shipment Method | |
| | 49790134 | 09/09/202 | 21 | Taken | | - | NA | Hide Details |
| ilters lect Period | No Photo | Product N Administra | ame ative. Civil. Criminal | Price \$310.00 | | Quantity 1 | Auto Renew? | |
| Last 30 Days | Available | | | | | | | |
| Last 90 Days | Regular | Arny Nol | | | S310.00 | Irac | king Number | |



3. At the time of your renewal, to renew coverage, click on **Pay Off Orders** in the navigation menu. Here you can see the balance amount due. To pay, **click in the blue box next to the Order ID number**; the "Pay Amount" will appear in that box. Then select your payment type to submit your renewal.

| | 💄 Profile 🛛 🕫 | Order History | Pay Off Orders 🔒 Sav | ved Cards 🛛 🔎 Topics | Of Interest | | |
|-------------------------|---------------|---------------|----------------------|----------------------|-----------------|------------------------------------|--------------------|
| Inpaid Orders | | | | | | | |
| Order ID | Order Type | Order Date | Total Amount | Balance Amount | Pay Amount | Account and Payment | Summary |
| <mark>- 49799471</mark> | Quotation | 10/11/2021 | \$310.00 | \$310.00 | 310.00 | Total Outstanding Total Payment | \$378.0 \$310.0 |
| 49799470 | Quotation | 10/11/2021 | \$68.00 | \$68.00 | | | |
| Credit Cards | | | | | ~ | | |
| Card Number | | CVV | Accepted Cards | | | | |
| Card Number | | cvv | VISA MasterCard | AMERICAN EXCRESS | | | |
| Exp. Month | Exp. Ye | ear | | | | | |
| Month | ~ Year | r v | | | | | |
| Auto Renew? | | | | | | | |
| Save for Future U | se | | | | Make My Payment | | |

4. Go to **Saved Cards** to see which credit card(s) you have on file. You can make edits or add a new card here. Note that auto renewal is not yet available, but it is planned as a future enhancement.

| | Profile | 🕥 Order Hist | ory 📄 Pay Off Order | rs 👌 Saved Cards | Topics Of Interest |
|----------------------------------------------------|----------------------|--------------|---------------------|----------------------|--------------------|
| Saved Credit Cards | | | | | |
| | | | | | |
| | | | | | |
| Visa Ending In 1111 Select Edit Delete | Expire On 12/2020 | | | | |
| Add a Card | | | | | |
| | | | | | |
| Card Number | | CV | | Accepted Cards | DISCOVER |
| Exp. Month | | Exp. Year | | VISA Masterary Esser | |
| | ~ | | Add Card | | |



5. If you need more information, select **Contact Us** from the home page, then complete and submit the form.



| Contact Us | |
|--------------|-------------------------------------------------------------------------------------|
| Request Type | <select> ~</select> |
| Details | <please detailed="" information<br="" provide="">regarding the request></please> |
| | Submit |