



**FOP LEGAL DEFENSE PLAN  
GROUP APPLICATION**  
As of 1/01/10



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 – 1<sup>st</sup> Half**  
**\$110.50 – 2<sup>nd</sup> Half**
  - Quarterly **\$55.25 – 1<sup>st</sup> Qtr.**  
**\$55.25 – 2<sup>nd</sup> Qtr.**  
**\$55.25 – 3<sup>rd</sup> Qtr.**  
**\$55.25 – 4<sup>th</sup> Qtr.**

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

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

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

- Payment Options:
- Annual **\$48**
  - Semi-Annual **\$24 – 1<sup>st</sup> Half**  
**\$24 – 2<sup>nd</sup> 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: \_\_\_\_\_



