



# FOP LEGAL DEFENSE PLAN



## Individual Application

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

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

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

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

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

I am an FOP member in good standing. My FOP member number is \_\_\_\_\_, and I belong to Lodge No. \_\_\_\_\_ in the state of \_\_\_\_\_.

By completing this application, I certify that I am currently employed by a federal, state or local law enforcement agency or employed by a local government law enforcement entity operated by a private college/university, private railroad or Native American tribal government.

Please provide the name and address of the federal, state or local government law enforcement agency.

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Coverage options if you are employed by a federal, state or local government law enforcement agency;

#### 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 Option:

Annual Remit \$64.00 by check or credit card

Please provide the following information if you are employed by a law enforcement entity operated by a private college/university, private railroad or Native American Tribal government:

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name of private college/university, private railroad or tribal government:

\_\_\_\_\_

**Coverage options if you are employed by a law enforcement entity operated by a private college/university, private railroad or Native American tribal government;**

		<u>Payment Options:</u>	
Administrative, Criminal, and Administrative Off-Duty		Annual	Remit \$258.00 by check or credit card
Annual Rate:	\$258.00	Semi-Annual	Remit \$129.00 by check or credit card Second half invoiced at \$129.00
		<u>Payment Option:</u>	
Criminal Only		Annual	Remit \$64.00 by check or credit card
Annual Rate:	\$64.00		

Please provide the name, address and telephone number below of the agency that has certified you to carry firearms and the specific title of the certification, including POST and CPOST certification.

Name of Agency: \_\_\_\_\_ Specific Title of Certification: \_\_\_\_\_

Address of certifying agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 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.*





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***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, local government law enforcement agency or employed by a law enforcement entity operated by a private college/university, private railroad or Native American tribal government 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.***