



FOP Customer Portal Instructions for New Members (Lodge Administrators)

As program administrator, you can use the customer portal to sign up and manage your lodge's account 24/7. Use it to:

- Enroll
- Conveniently update 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 Lodge's Account

1. To access the portal, visit www.foplegal.com. Click **Join Now**, then click on the blue **Group Enrollment**>> button on the page.

The screenshot shows the website for the Fraternal Order of Police Legal Defense Plan. The header includes the FOP logo and the text 'FRATERNAL ORDER OF POLICE LEGAL DEFENSE PLAN'. A search bar for 'Plan Attorney Search' is visible. The navigation menu includes 'ABOUT', 'PRICING', 'JOIN NOW', 'PLAN ATTORNEY & CLAIMS', 'CONTACT', 'CUSTOMER PORTAL', 'NEWS & UPDATES', and 'PAY MY BILL'. The 'JOIN NOW' menu is open, showing options for 'Individual Enrollment', 'Group Enrollment', 'Retired Law Enforcement Concealed Carry Coverage', 'Moonlighting', and 'Fidelity Bonding'. The 'Group Enrollment' option is highlighted. Below the navigation, there are two main sections: 'INDIVIDUAL ENROLLMENT' and 'GROUP ENROLLMENT'. Each section contains introductory text and a blue button with '>>' to proceed.



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ADMINISTRATIVE ★ CIVIL ★ CRIMINAL

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

Login

Username or email

Password

Keep me logged in [Forgot Password?](#)

[Sign up for FOP Legal Defense](#)

3. Complete the form to create your account. All information is required. If your national 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
<input type="text"/>	<input type="text"/>
FOP Member Number	Last 4 SSN
<input type="text"/>	<input type="text"/>

Your email address

(In order to protect the privacy of your account, we encourage you to provide a personal email address.)

Password

Confirm Password

[Already have an Account?](#)



4. Next, complete your profile. Both individuals and lodge administrators must do this.

Profile Order History Pay Off Orders Saved Cards Topics Of Interest

Prefix: Prefix First Name: Last Name: Suffix: Suffix

Title: [title]

Phone Type: Cell Phone Area Code: Area Code Phone: Phone Extension: Extension

Email Type: Primary Email Email Address: (In order to protect the privacy of your account, we encourage you to provide a personal email address.)

Address Type: Billing Address Preferred Address

Address Line 1: Address Line 1 Address Line 2: Address Line 2 City: City

Zip: Zip Country: United States State/Province: State/Province

Lodge/Employer

Lodge State: State/Province Lodge Name: Lodge Number: Name of Employer:

Employer Address

Address Line 1: Address Line 1 Address Line 2: Address Line 2 City: City

Postal Code: Postal Code Country: United States State/Province: State/Province

If a field is required but left blank, you will receive 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 lodge 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:

- Employed by federal, state, or local law enforcement agency
- 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 date paid-through date.

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



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7. The coverage page will appear next. Click on the blue text that says **plan description**. Select the applicable plan description to view plan details and benefits.

Coverage

Coverage effective dates are the first day after the application is approved and payment received by Hylant. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.

By submission of this application, you confirm that you meet the eligibility requirements as set forth in the plan description.

FRATERNAL ORDER OF POLICE
LEGAL DEFENSE PLAN

Plan Attorney Search

ABOUT PRICING JOIN NOW PLAN ATTORNEY & CLAIMS CONTACT CLIENT PORTAL NEWS & UPDATES PAY MY BILL

Overview
Board of Trustees
Library
FAQs

LIBRARY

Hylant is the enrollment and marketing administrator for the FOP Legal Defense Plan, and can assist you with direct marketing in your state.

- Legal Defense Plan Brochure
- Legal Defense Plan Description
- Retired Law Enforcement Concealed Carry Legal Defense Coverage (CCC)
- Retired Conceal Carry Coverage Flyer
- Presentation
- TUTORIAL: "How to's for enrollment, filing a claim, and using the Client Portal"

For more information on the FOP Legal Defense Plan, please **contact us**.



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8. Back on the coverage page, in the “Enrollment Type” section of the form, select **Group**. Type your name in the field below that to confirm that you have read and understand plan eligibility requirements.

Click on the **Coverage Option** needed for your lodge.

Coverage

Coverage effective dates are the first day after the application is approved and payment received by Hylant. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.
By submission of this application, you confirm that you meet the eligibility requirements as set forth in the [plan description](#).

Basic Information

Prefix: First Name: Last Name: Suffix:

Title:

Email Type: Email Address:
(In order to protect the privacy of your account, we encourage you to provide a personal email address.)

Phone Type: Area Code: Phone: Extension:

Enrollment Type

Individual **Group**

I affirm I have read and understood plan eligibility requirements outlined at the top of this page.

Select Coverage Option

Administrative Civil and Criminal \$300.00 more details	Civil and Criminal \$64 \$64.00 more details	Prior Acts, Unknown Claims \$540 \$540.00 more details
---	--	--

Member List

Please add your member list in the table below. PLEASE MAKE CERTAIN THE MEMBER LIST IS COMPLETE AND ACCURATE. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits. Any person who is subsequently determined not eligible for benefits as of the date a claim arises, will not receive payment of benefits. *NOTE - Should the primary contact change it is the responsibility of the Lodge/Group to notify the Legal Defense Plan of the change including address and phone number.

First Name	Last Name	Employer	FOP Member #	Last 4 SSN	
<input type="text"/>	<input type="button" value="🗑"/>				



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9. A blue line will appear above your coverage option choice, and payment options will appear below. Select your **Payment Option** (annual, semi-annual, quarterly).

Then, add your members to the Member List. If someone's "FOP Member ID" is pending, type in the word "Pending." If a member's "Last 4 SSN" is unknown, type in "0000." Click the **Insert Row** button as needed to register all eligible lodge members.

Enrollment Type
 Individual Group

I affirm I have read and understood plan eligibility requirements outlined at the top of this page.

Select Coverage Option

Administrative Civil and Criminal \$300.00 more details	Civil and Criminal \$64 \$64.00 more details	Prior Acts, Unknown Claims \$540 \$540.00 more details
---	--	--

Select Payment Options

Annual \$300.00
 Semi Annual \$150.00
 Quarterly \$75.00

Member List

Please add your member list in the table below. PLEASE MAKE CERTAIN THE MEMBER LIST IS COMPLETE AND ACCURATE. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits. Any person who is subsequently determined not eligible for benefits as of the date a claim arises, will not receive payment of benefits. *NOTE - Should the primary contact change it is the responsibility of the Lodge/Group to notify the Legal Defense Plan of the change including address and phone number.

First Name	Last Name	Employer	FOP Member #	Last 4 SSN	
<input type="text"/>	<input type="button" value="🗑"/>				

Credit Cards

Check

Bank Account (ACH)

Note that an incomplete or inaccurate application (i.e., someone who needs coverage isn't entered into the system) may result in ineligibility for and non-payment of benefits. Any person who is subsequently determined not eligible for benefits as of the date a claim arises will not receive payment of benefits.



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10. Choose your payment option (credit card, check, electronic/ACH payment), and then click **Pay & Submit**.

Credit Cards ▼

Card Number CVV Accepted Cards

Exp. Month Exp. Year

Auto Renew?
 Save for Future Use

Pay & Submit

Check >

Bank Account (ACH) >

11. 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.

Submission Received

Thank you for your submission! Coverage effective dates are the first day after the application is approved and payment received by Hylant.

If you have chosen to pay by check please send your check payable to FOP Legal Plan, Inc. to the following address:
FOP Legal Plan, Inc.
P.O. Box 94920
Chicago, IL 60689-4920
An email confirmation has been sent to your email: seatonaktest@gmail.com

Email receipt to additional person(s)

Multiple email addresses should be separated by commas. **Email Receipt**

Order Number: 49790099	Customer Number: 1338774
Order Type: Regular	Order Date: 09/07/2021
Status: Taken	Grand Total: \$0.00
Shipment Method: NA	Payment Method: Visa
Ship To:	Bill To:

Coverage Selected

No Photo Available	Lodge ABC \$0.00 Company Sub: Start: 9/7/2021 # Copies: 1
<input type="checkbox"/> Auto Renew?	

Subtotal \$0.00

Submission Summary

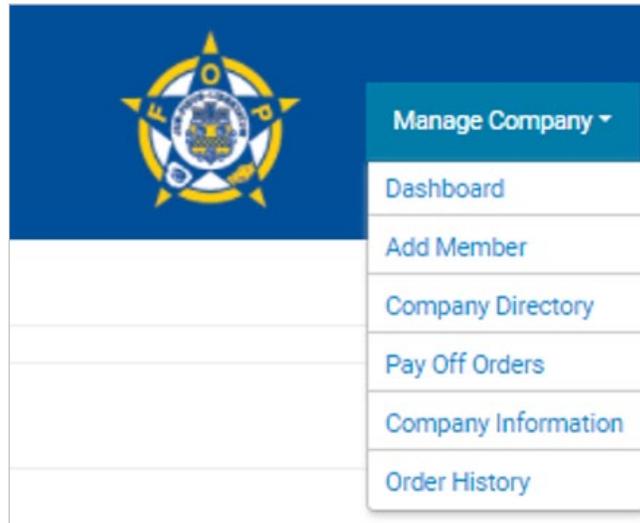
Grand Total	\$0.00
Subtotal	\$0.00
Total	\$0.00
Balance	\$-300.00
Payments	\$300.00

8

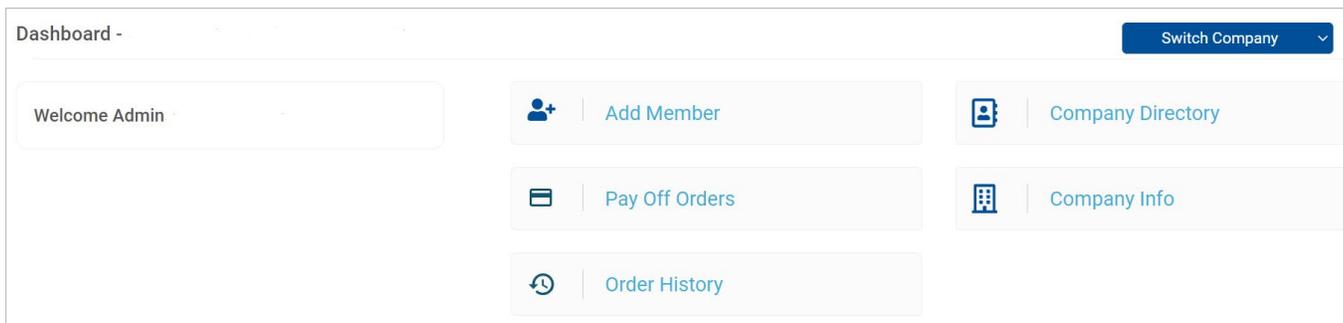


Managing Your Lodge Membership(s)

1. Within the portal, administrators can manage lodge memberships by clicking on **Manage Company**.



2. If you are the administrator for multiple lodges, click on **Dashboard** and **Switch Company** to select which lodge's membership information you want to view and to see a snapshot of the menu.





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3. From the Manage Company menu, click **Add Members** to add a member. All information is required. If the FOP Member Number is pending, type "PENDING" in that field. Note that a new member will appear as a "non-member" in the company directory until Hylant verifies membership and processes the order.

People - Back to Dashboard Switch Company ▾

Add New People

First Name	Last Name	Email	Employer	FOP Member #	Last 4 SSN	Web User?
<input type="text"/>	<input type="checkbox"/>					

Delete All Insert Row

[View Company Directory](#) Submit

4. From the Manage Company drop-down menu or the Dashboard, click on **Company Directory** to view, add or cancel/delete members. You can search for members by name or email address.

If you manage membership for multiple lodges, use the blue button in the upper right-hand of the screen to locate a lodge. At the bottom of the screen, click on the option to show the number of records you want to see per page.

Directory - FOP TN Lodge #1 (TEST) Back to Dashboard FOP TN Lodge #1 (TEST) ▾

Sort By Search

Name (Descending)

First Name	Last Name	Email	FOP Member #	Last 4 SSN	Employer	Coverage Type	Retro Date	
Amy	Nolen	5554test@gmail.com	123		Hylant	Non-Member		
Amy	Nolen	seatonaktest@gmail.com	4564	0000	Hylant	Group ABC	09/07/2021	
Amz	Hylant		5454	2245	Hylant	Non-Member		
Lucky	Young		5464		Hylant	Group ABC	09/11/2021	
Lynn	Hylant		Pending	2222	Hylant	Group ABC	07/05/2021	
M	Yo		PENDING	4564	Hylant	Non-Member		
Mau	J		45646	0000	Hylant	Non-Member		
Maureen	Hylant		8988	5645	Hylant	Group ABC	09/01/2021	
Michael	Hylant		2564	4564	Hylant	Group ABC	09/06/2021	
Michaelz	Hylant		2121	5488	Hylant	Group ABC	09/08/2021	
Nolen	A		1234		Hylant	Group ABC	09/10/2021	

Page 1 of 1 [11 Record(s)] 12 ▾

12

24

48

96



5. From the Manage Company drop-down menu or the Dashboard, select **Pay Off Orders** to view unpaid invoices (when available from Hylant) and make payments. To pay the balance only for selected members, click in the box to the left of the order ID number for those members. The amount due will appear in the “Pay Amount” field.

Unpaid Orders - [Back to Dashboard](#) [Switch Company](#) ▾

Search

<input type="checkbox"/> Order ID	Name	Order Type	Order Date	Total Amount	Balance Amount	Pay Amount
<input checked="" type="checkbox"/> 49799482	Rich Bernhard	Quotation	09/21/2021	\$68.00	\$68.00	68.00
<input type="checkbox"/> 49791896	Rich Bernhard	Quotation	09/21/2021	\$68.00	\$68.00	
<input type="checkbox"/> 22953367	Joey Langlois	Regular	08/01/2021	\$300.00	\$225.00	
<input type="checkbox"/> 22892622	Christopher A Silva	Regular	08/01/2021	\$300.00	\$225.00	

To pay the balance due for all members. Click in the **box next to Order ID**. The amounts due will appear in the “Pay Amount” field.

<input checked="" type="checkbox"/> Order ID	Name	Order Type	Order Date	Total Amount	Balance Amount	Pay Amount
<input checked="" type="checkbox"/> 49799482	Rich Bernhard	Quotation	09/21/2021	\$68.00	\$68.00	68.00
<input checked="" type="checkbox"/> 49791896	Rich Bernhard	Quotation	09/21/2021	\$68.00	\$68.00	68.00
<input checked="" type="checkbox"/> 22953367	Joey Langlois	Regular	08/01/2021	\$300.00	\$225.00	225.00

6. The total amount due will appear in a green band near the bottom of the screen. Select your payment type and click **Make My Payment** to process your order. Note that “Auto Renew” is not yet available but is planned for a future portal update.

Total Payment to pay is \$10936.00

Credit Cards ▾

Card Number CVV Accepted Cards

Exp. Month Exp. Year

Auto Renew?

[Make My Payment](#)

Bank Account (ACH) >



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7. From the Manage Company drop-down menu or the Dashboard, click **Order History** to see your initial order and renewals. The balance due will not appear on this screen until an invoice/quotation is processed by Hylant.

Manage Company ▾
Become a Member
Welcome Army ▾
My Cart

FOP TN Lodge #1 (TEST) - Order History
Back to Dashboard
FOP TN Lodge #1 (TEST) ▾

Showing : 90 / Latest

OrderID	Order Date	Order Status	Ship Date	Shipment Method	
49790100	09/07/2021	Shipped	09/09/2021	NA	
No Photo Available		Product Name	Price	Quantity	<input type="checkbox"/> Auto Renew?
		Lodge ABC	\$0.00	1	
Order Type	Ship To	Order Total	Tracking Number		
Regular	Army Nolen	\$0.00			
49790101	09/07/2021	Taken	--	NA	Show Details
49790103	09/07/2021	Taken	--	NA	Show Details
49790122	09/09/2021	Taken	--	NA	Show Details
49790102	09/08/2021	Shipped	09/07/2021	NA	Show Details
49790111	09/07/2021	Cancelled	--	NA	Show Details
49790126	09/14/2021	Taken	--	NA	Show Details
49790123	09/10/2021	Shipped	09/09/2021	NA	Show Details
49790124	09/11/2021	Shipped	09/09/2021	NA	Show Details
49790127	09/09/2021	Taken	--	NA	Show Details
49790128	09/21/2021	Taken	--	NA	Show Details

Page 1 of 1 [11 Record(s)] 12 ▾

You can click on the **blue OrderID number** to see details around a specific order. You also can click **Hide Details** or **Show Details** at the far right of each row, as desired.

Showing : 90 / Latest

OrderID	Order Date	Order Status	Ship Date	Shipment Method	
49799482	09/21/2021	Taken	--	NA	
No Photo Available		Product Name	Price	Quantity	<input type="checkbox"/> Auto Renew?
		Civil and Criminal	\$68.00	1	
Order Type	Ship To	Order Total	Tracking Number		
Quotation	Rich Bernhard	\$68.00			
49791896	09/21/2021	Taken	--	NA	Show Details
22953367	08/01/2021	Shipped	--	NA	Show Details
22892622	08/01/2021	Shipped	--	NA	Show Details



8. From the Manage Company drop-down menu or the Dashboard, click **Company Info** view the lodge address, contact information, coverages and membership details. To update contact information, click the blue **Edit** text at the right-hand of the screen. An edit box will appear. Make your changes, then click **Save Changes**.

Manage Lodge ▾

Welcome Amy ▾ My Cart

Back to Dashboard Switch Company ▾

Address Edit

Email test1234@gmail.com

Website

Day Cycle Annual

View Company Directory

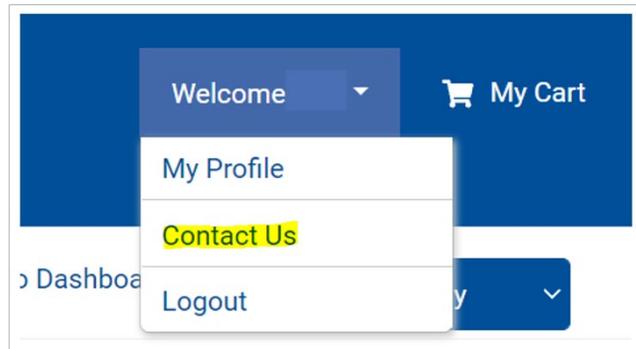
Remember that if you are the administrator for more than one lodge, you can click on the blue **Switch Company** button to select the lodge for which you need to make changes. As a reminder, the Switch Company button displays on the Add a Member, Company Directory, Pay Off Orders, Company Information and Order History pages.

FOP TN Lodge #1 (TEST) Back to Dashboard Switch Company ▾

Address	AreaCode(Phone)	Email
1234 Duncan Ct. Murfreesboro, TN, 37129 United States	6151234567 AreaCode(Fax)	test1234@gmail.com Website



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



Contact Us

Request Type

Details