FOP LEGAL DEFENSE PLAN

Claim Reporting Form

Complete every field below, then follow the submission instructions on page 2.

Member Information

Name

Personal E-mail

Address

City, State, Zip

Cell Phone

SSN (Last Four Digits)

FOP ID Number

FOP Lodge Name

FOP Lodge Number

FOP State

Date Alleged Conduct Took Place

Claim Type

Select one

Has a lawsuit been filed (civil)?

Yes No

Have you contacted an attorney?

Yes No

Description of the incident leading up to the claim presented

If you need more room, attach a separate sheet.

Sedgwick | P.O. Box 94950 | Cleveland, OH 44101

Phone: 866-857-3276 | Fax: 614-601-9245 | E-mail: foplegal@sedgwick.com

Attorney Information *(Non-Plan attorney selection results in $250 deductible due by member)*

Firm/Business Name

Attorney Name

Address

City, State, Zip

Phone

Fax

E-mail

Assistant Name

Assistant E-mail

Signature

☐ I certify the information on this form is true and complete to the best of my knowledge.

Signature (type your full legal name)

Date Signed

Finished? Send your completed form to Sedgwick

Save this PDF to your computer, then attach it to an e-mail addressed to:

foplegal@sedgwick.com

Questions? Call 866-857-3276. You may also fax the completed form to 614-601-9245.