

FOP LEGAL DEFENSE PLAN



HR-218 Application (all fields must be completed)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ SSN (Last Four Digits) _____ Email _____

I am an FOP member in good standing. My FOP Member Number is _____, and I belong to Lodge Name and No. _____ in the state of _____

Employment Status

<input type="checkbox"/> Active <i>Annual Rate: \$50.00</i>	<input type="checkbox"/> Retired <i>Annual Rate: \$50.00</i>
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Employer name, if active: _____

Payment

Please make checks payable to:
FOP Legal Plan, Inc.
P.O. Box 84920
Chicago, IL 60689-4920

Signature _____ Date Signed _____

Notes

Coverage effective dates are the first day after application approved and payment received by Hylant.

Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.

By submitting this form you are certifying that you meet all of the requirements set forth in LEOSA. If you are currently employed as a law enforcement officer by a governmental agency, LEOSA requires, among other things, that you must have powers of arrest, be authorized by the agency to carry a firearm and have met all agency standards to qualify in the use of a firearm. If you are retired as a law enforcement officer from a public agency, LEOSA requires, among other things, that you must have had powers of arrest while employed, must have retired in good standing after a minimum of 10 years of service (or have a duty disability), and **MUST HAVE MET WITHIN THE MOST RECENT 12 MONTHS THE STANDARDS FOR QUALIFICATION IN FIREARMS** for active law enforcement officers as determined by your previous agency or your state; if your state has not established standards, you may qualify through any law enforcement agency in the state or by meeting standards of a certified firearms instructor in your state. Not fulfilling these requirements and others set forth by LEOSA will result in no coverage.

