



**NEVADA STATE LODGE
FRATERNAL ORDER OF POLICE
FOP LEGAL DEFENSE PLAN APPLICATION**

(Previous editions of this application are obsolete)

The Nevada State Lodge is the local group plan coordinator for the Legal Defense Plan for members of the Fraternal Order of Police in the State of Nevada. All members of the Order in Nevada will be covered under the "Group Plan". **The current rate under the Group Plan that includes off duty coverage is \$312.00 for calendar year.** Membership is effective from 1 January through 31 December of each year. Pro-rated membership is also available throughout the year. *Membership in the Plan is extended only to active duty law enforcement officers in good standing with the Fraternal Order of Police.*

Your Legal Defense Plan coverage will begin the day after the Hylant Group receives your application and payment. Please DO NOT send cash.

Legal Defense renewal invoices will be sent out in October/November of each year to allow ample renewal time. To avoid confusion, those submitting **both** an FOP membership application **AND** an application for the Legal Defense Plan, are asked to please submit **TWO** separate checks with their applications, one for the lodge dues and one for the legal plan.

**For enrollment in the Legal Defense Plan, mail this application and your check payable to:
Nevada State Lodge
P.O. Box 80205
Las Vegas, NV 89180**

For further Information call: 702-379-7425 (May be a recorded message).

Check One: **New Enrollment** **Legal Plan Annual Renewal with Off Duty Coverage**

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

Email _____

***LAST FOUR of your Social Security No.** _____

***EMPLOYER** _____

(Note: * required fields-application cannot be processed without this information)

***Local Lodge Name and #** _____ **Member ID #** _____
(e.g. Las Vegas #1) (If Known)

Legal Plan Agreement

By enrolling in the Legal Defense Plan, I agree to maintain a current membership in the Fraternal Order of Police. I understand if I fail to do so, my enrollment in the Legal Defense Plan will be terminated upon expiration of my membership in the Fraternal Order of Police.

Signature _____ Date _____

FOR STATE LODGE USE ONLY	
Date Rec'd _____	By _____
CK/MO # _____	Amount \$ _____
Remarks _____	



FOP LEGAL DEFENSE PLAN

Monthly Pro-Rated Enrollment

Legal Defense Plan Annual Fee Schedule

Plan Start Date	Balance for the Year
1 January	312.00
1 February	286.00
1 March	260.00
1 April	234.00
1 May	208.00
1 June	182.00
1 July	156.00
1 August	130.00
1 September	104.00
1 October ¹	78.00 + renewal
1 November	52.00 + renewal
1 December	26.00 + renewal

Note¹: *Regardless of your effective date in the plan, your renewal notice will go out to plan members in October/November of the enrollment year.*