



**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 \$324.00 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 and verifies your FOP membership. 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 Number \_\_\_\_\_ (e.g. Las Vegas #1) Member ID# \_\_\_\_\_ (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 PAYMT REC'D _____    | REC'D BY _____  |
| CK# / MO# / PAYPAL# _____ | AMOUNT \$ _____ |
| REMARKS _____             |                 |



## FOP LEGAL DEFENSE PLAN

### Monthly Pro-Rated Enrollment

#### Legal Defense Plan Annual Fee Schedule

| Plan Start Date      | If Paid with PayPal | If Paid by Check or Money Order |
|----------------------|---------------------|---------------------------------|
| January              | 336.00              | 324.00                          |
| February             | 308.00              | 297.00                          |
| March                | 280.00              | 270.00                          |
| April                | 252.00              | 243.00                          |
| May                  | 224.00              | 216.00                          |
| June                 | 196.00              | 189.00                          |
| July                 | 168.00              | 162.00                          |
| August               | 140.00              | 135.00                          |
| September            | 112.00              | 108.00                          |
| October <sup>1</sup> | 84.00 + renewal     | 81.00 + renewal                 |
| November             | 56.00 + renewal     | 54.00 + renewal                 |
| December             | 28.00 + renewal     | 27.00 + renewal                 |

**PayPal prices are slightly higher because of fees imposed by PayPal for each transaction.**

**Note<sup>1</sup>:** *Regardless of your effective date in the plan, your renewal notice will go out to plan members in October/November of the enrollment year.*