



FOP Legal Plan

Individual Application Form

This application is to be used by individual applicants beginning January 1, 2003. To enroll as an individual, please complete fully and accurately. After coverage is effective you will receive a certificate of participation, Plan Description Booklet and member identification card.

Name _____
Address _____ City _____
State _____ Zip _____ Phone _____
Soc. Sec. No. _____ - _____ - _____ Date of Birth _____
Employer _____ Years of Service _____

By completing this application I certify that I am currently employed by a federal, state or local law enforcement agency, and I am an FOP member in good standing. My FOP member number is _____, and I belong to Lodge No. _____ in the state of _____.

Signature _____ Date _____

Are you an "At-Will" employee? Yes No

Individual Rate: \$215.00/year

Payment Options: Annual Remit **\$215.00** by check or credit card.
Semi-Annual Remit first half amount of **\$107.50**
Second half invoiced at **\$107.50**

If paying by check, make payable to: FOP Legal Plan, Inc.

Remit to: FOP Legal Plan, Inc.
c/o Hylant Group, Inc.
P.O. Box 1687
Toledo, OH 43603
Questions: **Call 1-800-341-6038**

Credit Card Payment : Visa MasterCard

Card Holder Name _____
Card Number _____ Exp. Date _____
Signature _____

Remit your payment to Hylant Group, Inc.

Note: Coverage effective dates are the first of every month. Completed applications and payment must be received by Hylant Group on or before the last business day of any month for coverage to start the first day of the following month. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.

You must be an FOP member in good standing to participate in this plan on an individual basis and be eligible for benefits. Any person who is subsequently determined not to be eligible to participate or to receive benefits as of the date a claim arises, will not receive payment of benefits.