



LEGAL DEFENSE PLAN APPLICATION

Lodge Name and Number _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Social Security # _____

PLEASE DESIGNATE PLAN:

LEGAL DEFENSE _____

I hereby apply for enrollment in the FOP-FL Labor Council Committee Labor/Legal Defense Plan (LDP), and agree to abide by all terms and conditions thereof. I understand that no coverage is in effect until this application is approved. To my knowledge I am not presently named in any suits, action or proceeding or under investigation for a duty-related incident with the following exception.

Signature _____ Date _____

All members should complete and sign an application. Please send all completed applications and payment of Option 1: \$54.00 per quarter per person
Option 2: \$108.00 Biannually or
Option 3: \$216.00 Yearly

Mail to:

Fraternal Order of Police
FL Labor Council Committee
242 Office Plaza
Tallahassee, FL 32301