



North Dakota Peace Officers Association LEGAL DEFENSE ENROLLMENT FORM

(Please Print)

ANNUAL GROUP RATES:		
<input checked="" type="checkbox"/> Group Rate	\$110.00*	
<input type="checkbox"/> Supplemental Benefit (non-duty related Administrative)	\$ 39.00	
<input type="checkbox"/> Phone Consultation Program	\$ 39.00	
NOTE: ALL PRICES SHOWN ABOVE ARE ANNUAL.		
*Includes annual non-refundable Membership dues of \$10.00		
<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual+	<input type="checkbox"/> Quarterly+
+\$4.00 Service charge per invoice		

*Name: _____

Phone: () _____

*Address: _____

*City: _____ *State: _____ * Zip: _____

*Social Security# (Last 4 digits): _____ *Date of Birth: _____

Email: _____

Name of Employer: _____ Position: _____

Years with Current Employer: _____ Other Professional Affiliations: _____

I hereby apply for enrollment in the PLEA Legal Defense Fund and Participation in the PLEA Trust. I agree to abide by all terms and conditions thereof. I understand that no benefit is in effect until this Enrollment Form is approved by the Plan Administrator. To my knowledge, I am not presently named in any suits, actions, or proceedings, nor under investigation for a duty-related incident, except the following for which there would be no benefit under the Plan:

I have read, understand and agree to the Terms and Conditions of the Legal Defense Summary Plan Description. Summary Plan Description can be reviewed at www.plea.net, under Member Resources tab.

Signature: _____ Date: _____

Complete, sign and mail your completed Enrollment Form along with your payment to: PLEA ♦ P.O. Box 1197 ♦ Troy, MI 48099-1197. Checks made payable to: PLEA. Should you have any questions, please call Toll Free 1-800-367-4321, Ext. 1002.



See reverse to pay by Visa, MasterCard or Discover or ACH.

Legal Defense benefit includes the following at NO additional cost to you:

- ✓ **HR 218 - Plan A**
- ✓ **\$5,000 Accidental Death & Dismemberment (AD&D), 24 hour, on and off duty**
- ✓ **Wage Recovery Benefit**

*Beneficiary Name: _____

*Relationship: _____

*Signature of Participant: _____ *Date: _____

* = Required information in order to receive the \$5,000 Accidental Death & Dismemberment coverage.

CHOICE OF COUNSEL

The Participant has the free and unrestricted right to employ an attorney of his or her choice. The Plan has no obligation to recommend counsel and is not a guarantor in any manner of the skill of counsel chosen by participant, even if the attorney is a Participating Attorney. However, the Plan will not pay fees and costs incurred by an attorney that exceed the reasonable fees and costs that would have been incurred by an attorney within the Participant's geographical area.

CREDIT CARD FORM



All fields must be completed

Name of client: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV2# (last 3 digits on back of card): _____

Address Number: _____ ZIP: _____

One Time Payment

Recurring Payment

Signature: _____

ACH FORM

All fields must be completed

Name on bank account: _____

Billing Address (on bank account): _____

Routing Number(9 digits): _____

Account Number: _____

Checking

Savings

One Time Payment

Recurring Payment

Signature: _____