



FOP HR-218
LEGAL DEFENSE COVERAGE APPLICATION
Federal Law Enforcement Officers Safety Act of 2004

Please complete fully and accurately

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security No.: _____ - _____ - _____

Date of Birth: _____ FOP ID #: _____

FOP Lodge Name and
Number: _____

Employment Status: Active Retired

Annual Rate: \$50.00

Make check payable to: Nevada State Lodge Legal Plan
P.O. Box 620832
Las Vegas, Nevada 89162-0832

Note: Coverage effective dates are the first of every month. Completed applications and payment must be received by the State Lodge no later than the 20th day of the month for the coverage to start the 1st day of the following month. (Applications not fully and accurately completed may result in ineligibility for, and non-payments of benefits).

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

By signing below you are certifying that you meet all of the requirements set forth in LEOSA, if you are currently employed law a law enforcement officer by a governmental agency, LEOSA requires, among other things, that you must have powers of arrest, be authorized by the agency to carry a firearm and have met all agency standards to qualify in the use of a firearm, if you are retired as a law enforcement officer from a public agency, LEOSA requires, among other things, that you must have had powers of arrest while employed, must have retired in good standing after a minimum of 15 years of service (or have a duty disability), and **MUST HAVE BEEN ISSUED A CERTIFICATION BY YOUR STATE DURING THE MOST RECENT 12 MONTHS** stating that you have meet state standards applicable to active law enforcement officers for carrying firearms. Not fulfilling these requirements and others set forth by LEOSA will result in no coverage.

Signature: _____