



# GROUP LEGAL DEFENSE ENROLLMENT FORM

(Please Print)

ANNUAL GROUP RATES:	
<input type="checkbox"/> Group Rate	\$105.00*
<input type="checkbox"/> Supplemental Benefit (non-duty related Administrative)	\$ 30.00
<b>Total:</b>	<b>\$135.00</b>
NOTE: ALL PRICES SHOWN ABOVE ARE ANNUAL.	
* Includes \$5.00 Membership Fee.	

\*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.

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.



You may pay by Visa, MasterCard or Discover on [www.plea.net](http://www.plea.net)

## 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**

\*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.

The Plan does not guaranty the availability of a Participating Attorney in the Participant's geographical area. This may result in the Participant's need to hire a Non-Participating Attorney at added expense to the Participant. The Plan is not obligated to pay for the costs of a Non-Participating Attorney except as set forth in the Schedules of Benefits in the Plan Description.