



UTAH HIGHWAY PATROL ASSOCIATION ENROLLMENT APPLICATION

First Name: _____ Last Name: _____ Middle Initial: _____

Birth Date: _____ Personal Email: _____

DPS Hire Date: _____ DPS Employee ID Number: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

1st Beneficiary: _____ 2nd Beneficiary: _____

Relationship: _____ Relationship: _____

I hereby authorize my employer to make the necessary deduction from my wages or salary for the contributions, if any, required of me to be paid to the treasurer of the UHPA as dues. In no event shall the \$15.00 (Fifteen Dollars) deduction exceed one such deduction per pay period.

Signature of Member: _____ Date: _____

I understand that I have to be a member of the UHPA for ten years before I can receive a retirement check. Upon retirement or honorable termination of employment I may be paid, at the discretion of the Board, \$1,000 at ten years of membership and \$100 for every year thereafter until twenty years. If I retire after twenty years of membership, I will receive \$2,000 plus \$1 per member over 400 members. **Initials of Member** _____

Signature of UHPA Secretary _____ Date _____



GROUP **LEGAL DEFENSE ENROLLMENT FORM**

*First Name: _____ *Last Name: _____ *Middle Initial: _____

*Date of Birth: _____ Personal Email: _____ Phone: (____) ____ - ____

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

Name of Employer: _____ Position: _____ Years with Current Employer: _____

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 (initial) _____

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: _____

CHOICE OF COUNSEL

The participant has the free and unrestricted right to employ an attorney of his/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.

I have read, understand, and agree to the Terms and Conditions of the Legal Defense Summary Plan Description.

*Signature: _____ *Date: _____

Should you have any questions, please call Toll Free 1-800-367-4321, Ext. 1002.

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