



IOWA STATE POLICE ASSOC. LEGAL DEFENSE ENROLLMENT FORM

(Please Print)

ANNUAL GROUP RATES:	
<input checked="" type="checkbox"/> Group Rate	\$190.00*
Includes: Criminal, Civil, Administrative and Unlimited (Premium) Supplemental (non-Duty Administrative)	
<input type="checkbox"/> Phone Consultation Program	\$ 39.00
NOTE: ALL PRICES SHOWN ABOVE ARE ANNUAL. *Includes annual non-refundable Membership dues of \$10.00 No Cancellation Refunds	

*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.



To pay by Visa, MasterCard, Discover or American Express, please visit our website @ www.plea.net and choose Group Coverage, then choose Get Covered and complete the form. Group Discount Code is P-IOWAS.

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.