



New H.R. 218 Limits now available!



LEGAL PROTECTION FOR RETIRED AND ACTIVE LAW ENFORCEMENT UNDER ACT H.R. 218

PLAN	COST (per year)	COVERAGE	Cost With Legal Defense Coverage
<u>A</u>	\$54.00 *	\$5,000 – Criminal \$10,000 – Civil	Included
<u>B</u>	\$114.00 *	\$10,000 – Criminal \$20,000 – Civil	\$60.00
<u>C</u>	\$174.00 *	\$15,000 – Criminal \$30,000 – Civil	\$120.00
<u>D</u>	\$234.00 *	\$20,000 – Criminal \$40,000 – Civil	\$180.00

Plus \$1,000 Reimbursable costs, investigative fees and expert witness fees.

- Yes, please enroll me in the following plan: _____ (plan A, B, C or D).
- Currently Active in law enforcement.
- Retired from law enforcement.

Name: _____ Phone: () _____
Please Print

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

Email: _____ Social Security# (Last 4 digits): _____

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 coverage is in effect until this application is approved by the Plan Administrator. To my knowledge, I am not presently named in any suits, action or proceeding nor under investigation for a covered incident, except for the following:

Signature: _____ Date: _____

* Includes \$5.00 membership fee. You may photocopy this or contact our office for extra forms. For more information please call 1-800-367-4321, ext. 1010, otherwise please send your completed application and a check made payable to:

Professional Law Enforcement Association ★P.O. Box 1197 ★ Troy, Michigan 48099-1197

You may pay by Discover, Visa or MasterCard by completely filling out the information below. We will deduct your fee each year until notified to cancel.

Name as it appears on your card: _____

Card Number: _____ CVV2#: _____
(Last 3 digits on the back of card)

Expiration Date: _____

Signature: _____