



## FOP LEGAL DEFENSE PLAN GROUP APPLICATION FORM\*



NAME:		Membership Number: (Leave blank if unknown)
ADDRESS:		CITY, STATE, ZIP
EMPLOYER:	LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY NO.	
PHONE NUMBER	LODGE NAME & #:	
PERSONAL EMAIL ADDRESS:		

Please read the following. By signing, you agree you understand the following information.

You **MUST** be a current FOP member to qualify for Legal Defense. If not a current member, your money is **NOT** refundable, will be treated as a donation, and you will not be qualified for any legal defense benefits. If you have any questions, you can contact the State treasurer, secretary, or your local lodge officers.

**To start your legal defense, you must go to <https://unionly.io/o/ndfop> to pay the initial \$81 or use the QR code below.** Select "New Member: Legal Defense Plan to make the payment. Please also turn all paperwork into your lodge FOP representative. If you are unsure who your representative is, scan all application paperwork and email to the email addresses provided below. You will NOT be added until payment is received.

Your payroll deductions should start immediately or the next payroll period and will then cover any further payments. If you are unable to have your department do payroll deductions, you must contact the State Lodge secretary and treasurer to discuss additional options. If the Local and/or State Lodge does not receive payroll deductions or direct payment by start of each quarter, your legal defense is deemed inactive and you will not be covered.

I understand that if I am not on payroll deductions and wish to cancel Legal Defense, I must notify the State secretary and treasurer **by the 25th of the current month** or I will be responsible for the amount due to the ND Fraternal Order of Police and any additional costs that may arise to collect any debt.

Please check one of the following:

- I have enrolled in payroll deductions through my current department
- I wish to pay quarterly via Unionly
- I wish to pay annually via Unionly (Payment due every January)



\_\_\_\_\_  
Signature (Must be signed before coverage is offered)

\_\_\_\_\_  
Date

**\*REMINDER: You MUST enroll in Legal Defense using the Unionly payment site. Paper copies of this form are no longer accepted at the state level.** Email [Secretary@ndfop.org](mailto:Secretary@ndfop.org) and/or [Treasurer@ndfop.org](mailto:Treasurer@ndfop.org) with questions.

Local Lodge: Reminder to email the State Secretary as soon as you have added the member in VUE so the member can be made active at the State and National level. If the Local Lodge fails to notify the State of a member that should be removed from the plan, the lodge will be responsible for any unpaid balance for that member