

FOP LEGAL PLAN – CLAIM REPORTING FORM
(PLEASE PRINT CLEARLY)



**** ACTIVE ONLY ****

1. **Claimant's full name** _____
2. **Address, City, State, Zip** _____
3. **Telephone (w/ area code)** Work _____ Home _____
May we contact you at work? Yes No Cell _____
4. **Social Security No.** _____ - _____ - _____ 5. **Lodge / State** _____
6. Law enforcement employer and employer's address, city, state, zip

7. **Date of incident** resulting in (or which may result in) administrative discipline or lawsuit? _____
8. Specifically describe the incident leading up to the claim presented (continue on separate sheet if necessary):

9. Specifically describe any administrative charges or discipline:

10. Lawsuit filed? Yes No (Please forward a copy of the suit)
11. **Have you contacted an attorney?** If so, provide name, complete address, and telephone number.

12. Enclose copy of charges, notice of investigation, all documents, including correspondence to/from attorney.

Under the Administrative coverage, there is a **Salary Reimbursement Option (SRO)**, which can be taken once a suspension has been imposed and allows a Member to choose up to 3-days actual loss-of-pay (based on regular hourly rate) or \$500.00, whichever is less. Claims for the SRO cannot be taken more than 30 days after the suspension. This option may not be elected nor may benefits be paid for more than one occurrence taking place in any one-year period of time. **This Option is in lieu of legal costs. If attorney fees exceed \$500, the SRO is no longer available.**

OFFICER SIGNATURE

DATE

Return COMPLETED and SIGNED claim form to:

Sarah Strandberg
FOP Legal Plan, Inc. -- Keenan & Associates, Inc.
PO Box 14590, Albuquerque, NM 87191
Fax: 505-293-6400
claims@foplegalplan.com

By signing this Form, the claimant affirms that he/she is a qualified Participant in good standing of the FOP Legal Plan, Inc. If it is determined at any time that the claimant is not a qualified Participant in good standing and eligible for benefits, the claim will not be subject to coverage.