



# Peace Officers of California Membership Application

New Member  
 Update

## Applicant Information

Name:     
First Middle Initial Last

Address:      
Street City State Zip

Contact:    
Work E-mail Personal E-Mail

Work Phone Home Phone

XXX-XX-  Married  
Cell Phone Date of birth Social Security Last 4  Unmarried

Job Title:

Agency:   
Full name of employing agency

Office:      
Street City State Zip

Peace Officer ID/Badge Number \_\_\_\_\_ Are you a Supervisor? Yes

## Electronic Funds Transfer Authorization Form

Schedule a secure and convenient fund transfer and apply for membership in Peace Officers of California at the following level:

**Member** w/ Legal Defense  
\$40 per month

I authorize you to perform electronic funds transfer (debits and/or credits) from the account identified for payments due or when applicable, and apply electronic funds transfer credits to the same.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified.

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

This authorization is to remain in full force and effect until P.O.C. has received written notification of its termination in such time and in such manner as to afford P.O.C. reasonable opportunity to act upon it, or until the term of authorization expires. Any such notice should be sent to: P.O. Box 721223 San Diego, CA 92172-1223.

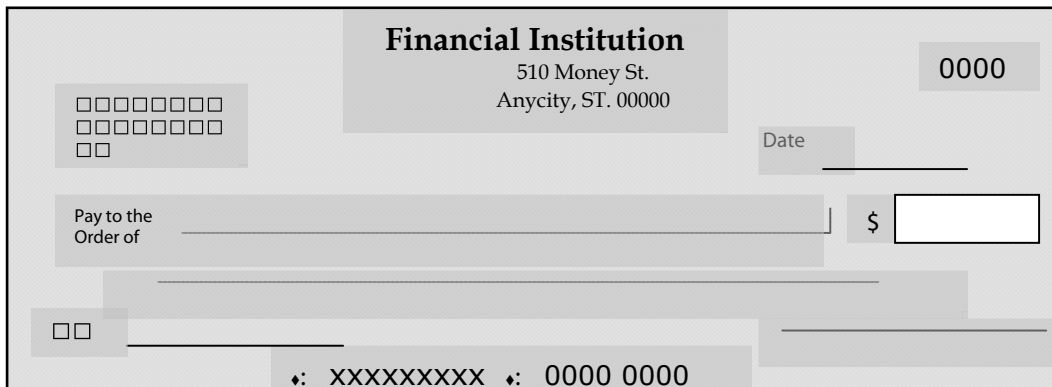
Financial Institution account \_\_\_\_\_ "identifying information:" \_\_\_\_\_

Enter your financial institution account information in the fields provided below, or attach a blank VOIDED check by writing 'VOID' across it.

Please complete (or attach Blank VOID Check here)	<b>*Financial institution</b>		
	City:	State	ZIP code:
	<b>*Routing Number:</b>		<b>*Account Number (Checking only):</b>

Need help identifying your Routing # and Account #? Please see the diagram below. (\*required)

Example:



This is the 9 digit Routing number.

The account number is usually to the right of the routing number. Some financial institutions add the check number between the routing and account numbers.

**Please fill out both pages and send to:**

(fax or e-mail for faster response)

**Peace Officers of CA**  
**PO Box 721223**  
**San Diego, CA 92172-1223**

**Fax us:**  
**888-845-6425**

**Scan and email us:**  
**info@peaceofficersca.org**

If you are submitting an update, only complete the changed information and include your name and signature.



# *Peace Officers of California* (P.O.C.)

P.O.C.  
P.O. Box 721223  
San Diego, CA 92172-1223  
(805) 423-1545  
(888) 845-6425 fax

## **LEGAL DEFENSE ENROLLMENT and AD&D BENEFICIARY FORM**

Requested Date to start/terminate coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Note: Coverage can only start/terminate on the 1<sup>st</sup> or the 15<sup>th</sup> of month)

- Criminal, Civil, Administrative & Unlimited Supplemental (included in POC membership)
- Telephone Consultation Program (included in POC membership)
- HR-218 Plan C (included in POC membership)
- \$25,000 Accidental Death & Dismemberment (AD&D) (\$5,000 included with PLEA LDF; \$20,000 included with POC membership)

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Cell / Home / Work (circle one)

Social Security # (Last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

AD&D Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature\*

\_\_\_\_\_  
Date

\*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](http://www.plea.net), under Member Resources tab.

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:

### 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.

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Legal Defense coverage (LDF) provided by PLEA, P.O. Box 82263, Rochester, MI 48308-2263 (248) 588-8989  
[www.plea.net](http://www.plea.net); Account Manager: Kathy Gibson; ext. 1002; [kathyg@plea.net](mailto:kathyg@plea.net)

AD&D coverage provided by Republic Underwriters, Inc. P.O. Box 82263, Rochester, MI 48308-2263 (248) 641-7800  
[www.republicund.com](http://www.republicund.com); Agent: Scott Dickinson; ext. 1015; [scott@republicund.com](mailto:scott@republicund.com)