

Article 2 Section 3(b) of the Plan Document states in pertinent part:

(b) **Time of payment of Quarterly Contributions** -- Payment of the contributions set forth in section 3(a) of this Article, absent compelling circumstances and subject to such conditions as determined by the Trustees, shall be made in full on a quarterly basis by each Member Association to the Legal Defense Fund on or before the day preceding the first day of the Calendar Quarter for which each payment applies and shall be deemed delinquent on the first day of such Calendar Quarter. A Member Association or Participant may join mid-quarter by payment of a prorated contribution.

The Association is solely responsible for ensuring that LDF has the most up to date and accurate data on their authorized users, contact information, billing information and member roster.

APPLICATION CHECK LIST

To participate in Legal Defense Fund Plan, please make sure you have sent us the following:

A Completed LDF Application

A Roster List of Association Members who will participate in the LDF in Excel format

A Complete Provider Designation form. To view our LDF Providers, please visit our website at www.poracldf.org/attorneys.

First Calendar Quarter Contributions of:

Number of Members X Plan Rate Fee X Number of Months =

Application Materials and Payment to be submitted via US Mail to:

P.O.R.A.C. Legal Defense Fund | PO Box 4859 Santa Rosa CA 95402

ACKNOWLEDGEMENT

The Undersigned acknowledges that he or she has received a copy of the Plan Document of the Legal Defense Fund, that he or she has read Article II thereof which sets forth the requirements for participation in the Fund and certifies that the Association will make required contributions on behalf of more than 50% of its members. The LDF Board of Trustees or the Legal Administrator shall review each application to ensure that the Member Association satisfies the eligibility policies adopted by the Board.

Signature of Authorized Representative: _____

Title: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Check No: _____ Plan: _____ Rate: _____

Amount Enclosed: _____ LDF Approval Date: _____

PORAC No: _____ LDF No. _____

PORAC Effective Date: _____ LDF Effective Date: _____

Process Date: _____ Processor: _____

PORAC LEGAL DEFENSE FUND

PROVIDER DESIGNATION FORM

PO BOX 4859 Santa Rosa CA 95402 | membership@poracldf.org

Assn Name: _____ Assn No.: _____

Authorized Representative: _____ Title: _____

Mailing Address _____

Email Address: _____ Phone No. _____

Article V, Section 4 of the Plan Document states in pertinent part:

4. Referral by Legal Administrator to Panel Attorney or Field Representative

The Legal Administrator shall refer representation of a Participant who is entitled to benefits to a Panel Attorney or Field Representative. In making such a referral, the Legal Administrator shall, where feasible, select a Panel Attorney or Field Representative who meets the approval of such Participant's Member Association.

AS AN AUTHORIZED REPRESENTATIVE OF THE AFOREMENTIONED ASSOCIATION, I DESIGNATE OUR PANEL ATTORNEY/PANEL FIELD REPRESENTATIVE(S) AS FOLLOWS:

(Please check only one of the following options for designation)

PRIMARY PROVIDER:

CONFLICT PROVIDER*: _____

*If you choose to utilize a single Primary Provider, you should include another firm for conflict situations.

MULTIPLE PROVIDERS

Choose One: ORDER OF PREFERENCE

Cases are referred in order of the list below, but upon request any Provider may be used by a Participant.

OFFICER MAY CHOOSE

Participant may choose any of the following Providers from the list below.

Designated Provider List:

1. _____
2. _____
3. _____
4. _____
5. _____

Please indicate if you wish to be notified when a Participant is granted LDF coverage.

REFERRAL NOTIFICATIONS

Select a Method of Notification:

E-Mail Notification

US Mail Notification

The individual listed below is hereby authorized to receive notifications from the Legal Defense Fund.

Name _____ Cell No. _____ Email Address _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

AUTHORIZATION

Signature _____

Request Date: _____

Authorized Representative _____

Title _____

FOR ADMINISTRATIVE USE ONLY

Approval: _____ Approval Date: _____

Processed: _____ Processor: _____

Process Notes: _____