

# PORAC LEGAL DEFENSE FUND

PLAN ENROLLMENT APPLICATION - CALIFORNIA  
For the July 1<sup>st</sup>, 2025 – June 30<sup>th</sup>, 2026 Period  
PO Box 4859 Santa Rosa CA 95402 | membership@poracldf.org

Name of Association: \_\_\_\_\_ Assn. Acronym: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

## PLAN ENROLLMENT INFORMATION

Please select the LDF Plan Requested:

Plan I	Plan I with Enhanced Non-Scope Option	Plan II
Plan III	Plan IV*	Plan VI**

Desired LDF Coverage Effective Date: \_\_\_\_\_

Total Number of Members in Association (Excluding Reserves\* and Retirees): \_\_\_\_\_

Total Number of RESERVE\* Members in Association: \_\_\_\_\_

Total Number of Members to Enroll in LDF: \_\_\_\_\_

**Initial Entitlement to Benefits will be determined as described in the Plan Document. Please review the Plan Document for full compliancy. Article II, Section 1 of the Plan Document states in pertinent part:**

- (a) **Proper Application to LDF** – the date on which the Legal Administrator is in actual receipt of an application to the Legal Defense Fund which in the judgment of the Legal Administrator properly meets the requirements of Sections 1(c) and 2 of this Article;
- (b) **Contribution Made to LDF** – the Member Association makes required contributions on behalf of more than fifty percent (50%) of its members; and
- (c) **Review by Board of Trustees** – The Board or the Legal Administrator, if the Board so provides, shall review each application to ensure that the Member Association satisfies the eligibility policies adopted by the Board.

*\* Reserve Peace Officers may only be enrolled in Benefit Plan IV. A second version of this form must be completed for Reserves only. Article III, Section 3 of the Bylaws states that Reserve Peace Officer Associations shall pay both PORAC dues plus the cost of the Legal Defense Fund program.*

*\*\* Must enroll in LDF base plans I, II, III or IV to be eligible for LDF Plan VI.*

## ASSOCIATION PROFILE INFORMATION

LDF will only release information regarding association membership and billing to individuals authorized by your Association as designated below.

Title	Name	Cell No.	Email Address
Main Contact	_____	_____	_____
President	_____	_____	_____
Vice President	_____	_____	_____
Treasurer	_____	_____	_____
Secretary	_____	_____	_____

Article II, 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.

**Your Association will receive quarterly statements via email to the Billing Contact as designated below.**

Billing Contact Name: \_\_\_\_\_

Cell No.: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If you desire to receive statements via US Mail Check Here:

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 ensure that your request to participate in the Legal Defense Fund satisfies the requirements for eligibility, please be sure to provide the following:

A fully completed LDF application

A roster list of Association Members who will participate in the LDF in Excel format with First Name, Middle Initial, Last Name and email address

A completed Provider Designation Form. To view our LDF Providers, please visit our website at [www.poracldf.org/attorneys](http://www.poracldf.org/attorneys)

Estimated First Calendar quarter contributions for LDF Base Plan \_\_\_\_\_ (Select Enrollment Plan for Base Rate)  
No. of Members                      x Plan Rate Fee                      x No. of Months                      =

Estimated First Calendar quarter contributions for LDF Plan 6  
No. of Members                      x Plan Rate Fee                      x No. of Months                      =

Estimated Total Contributions for the First Calendar quarter                      +                      =

\*\*\*Please note: If you are joining in the last month of the quarter, 4 months of contributions are required.  
(1 Current Month + 3 Months for the Next Quarter = 4 Months Total)

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**

Upon determination that your application satisfies the eligibility policies adopted by the Board of Trustees, notification will be sent via email to the Authorized User who executed the application.

Any questions or concerns during the application process may be directed to [membership@poracldf.org](mailto:membership@poracldf.org).

## ACKNOWLEDGEMENT

The Undersigned acknowledges that by submission of this application, their request to participate in the Legal Defense Fund is pending the determination of the LDF Board of Trustees or the Legal Administrator that the Association satisfies the eligibility policies adopted by the Board. 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.

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: _____	