

# PORAC LEGAL DEFENSE FUND

RETIREE GROUP PLAN ENROLLMENT APPLICATION  
 For the July 1<sup>st</sup>, 2024 – June 30<sup>th</sup>, 2025 Period  
 PO Box 4859 Santa Rosa CA 95402 | [membership@poracldf.org](mailto:membership@poracldf.org)

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

## PLAN ENROLLMENT INFORMATION

Plan V – By checking this box, you’re requesting LDF Plan V Retiree Group Enrollment

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

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;
- (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.

Not all retirees may qualify for enrollment in the PORAC Legal Defense Fund benefit Plan V.  
 For Eligibility details, please see <https://poracldf.org/news-porac/retiree-group-coverage/>

## 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 Retired Members who will participate in the LDF Plan in Excel format with First Name, Middle Initial, Last Name and email address

A completed Provider Designation Form is required if your Association has not yet designated attorney(s). To view our LDF Providers, please visit our website at [www.poracldf.org/attorneys](http://www.poracldf.org/attorneys)

First Calendar quarter contributions of:

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

\*\*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:

**LDA Plan 5 | 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).

**IMPORTANT NOTICE**

This program is coordinated with PORAC and its RAM (Retired Associate Membership) program, with \$2.50 of the \$7.50 monthly dues allocated for PORAC dues, and \$5.00 allocated to LDF.

**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.

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: \_\_\_\_\_