

PORAC LEGAL DEFENSE FUND

PLAN ENROLLMENT APPLICATION - CALIFORNIA
 For the July 1st, 2018 – June 30th, 2019 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	Enhanced Non-Scope Option (Plan I Only)	
Plan II	Plan III	Plan IV*

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.

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

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:

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.

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: _____

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: _____