

PORAC LEGAL DEFENSE FUND

BENEFIT PLAN VI ADDITION REQUEST

PO Box 4859 Santa Rosa CA 95402 | membership@poracLDF.org

Name of Association: _____ Assn. ID: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Representative: _____ Title: _____

Phone: Work: _____ Cell: _____

Email: _____

THIS ASSOCIATION ELECTS TO ADD PLAN VI TO EXISTING BENEFIT PLAN:

YES:

NO:

Desired Effective Date for Plan VI add on to begin: _____

*Available for an additional \$5.00 per member per month
Participation through association only (i.e., no individual membership)*

ACKNOWLEDGEMENT

The Undersigned acknowledges that he or she has authority on behalf of the association to make the change(s) as indicated above in the Association's Benefit Plan Enrollment.

Signature of Authorized Representative: _____

Title: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Process Date: _____ Processor: _____

Notes: _____