



P.L.E.A. LEGAL DEFENSE ENROLLMENT FORM FOR CONSTABLES

CRIMINAL PROTECTION for only \$53.00* (Annually)

Add CIVIL for an additional \$38.88 (Annually)

* Includes annual non-refundable \$5.00 Membership Fee

Name: _____ **Phone:**() _____
Please Print

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Social Security# (Last 4 digits): _____ **Email:** _____

I hereby apply for enrollment in the PLEA Legal Defense Fund and Participation in the PLEA Trust. I agree to abide by all terms and conditions thereof. I understand that no coverage is in effect until this application is approved by the Plan Administrator. To my knowledge, I am not presently named in any suits, action or proceeding nor under investigation for a duty-related incident, except for the following:

Signature: _____ **Date:** _____

Please complete & sign the application. You may photocopy this or contact our office for extra brochures. Please send the completed application and a check made payable to: PLEA. Mail to: P.O. Box 1197, Troy, MI 48099-1197. Any questions, please call Toll Free 1-800-367-4321, Ext. 1010. Note: there is a \$25.00 fee for returned checks.

OR



You may pay by Visa or MasterCard by completely filling out the information below:

Name as it appears on your card: _____

Billing Address of credit card (if different from above) _____

Card Number: _____ **CVV2#(last 3 digits on back of card)** _____

Expiration Date: _____

Signature: _____

Please make this a one time payment

Please make this a recurring payment

By signing above, I agree to the following terms: I agree for The Professional Law Enforcement Association to charge my MasterCard or Visa to make my entire payment.

Note: you can charge up to the amount shown on the enrollment form. If you choose a recurring payment the amount will be charged on a regular basis on or about the due date. It is not necessary for the Company to notify me when this is done. Any requirement for giving notice due shall be waived as long as this payment plan is in effect.. No payment or portion thereof shall be deemed to have been paid unless and until the Company received actual payment at its home office. This payment shall in no way alter or amend the provisions of the policy and no one other than the policyholder and his assignees will have any interest in the policy. This payment plan shall continue in effect until terminated by the Company or by me. In addition the Company may terminate this payment plan immediately if any charge is dishonored upon presentation.