

**FOP LEGAL PLAN – CLAIM REPORTING FORM**  
(PLEASE PRINT CLEARLY)



1. Claimant's full name \_\_\_\_\_
2. Address, City, State, Zip \_\_\_\_\_
3. Telephone (including area code) Work \_\_\_\_\_ Home \_\_\_\_\_  
May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Lodge / State \_\_\_\_\_
6. Law enforcement employer and employer's address, city, state, zip: \_\_\_\_\_  
\_\_\_\_\_
7. Date of incident resulting in (or which may result in) administrative discipline or lawsuit? \_\_\_\_\_
8. Specifically describe the incident leading up to the claim presented: (continue on separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
9. Specifically describe any administrative charges or discipline:  
\_\_\_\_\_  
\_\_\_\_\_
10. Lawsuit filed? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please forward a copy of the suit)
11. Have you contacted an attorney? If so, provide name, complete address, and telephone number (w/area code)  
\_\_\_\_\_  
\_\_\_\_\_
12. Enclose copy of charges, notices of investigation, all documents, including correspondence to/from attorney.

Under the Administrative coverage, there is a **Salary Reimbursement Option (SRO)**, which can be taken once a suspension has been imposed and allows a Member to choose up to 3-days actual loss-of-pay (based on regular hourly rate) or \$500.00, whichever is less. No further claims can be made after taking the Option for that specific incident or similar incident resulting in suspension. Claims for the SRO cannot be taken more than 30 days after the suspension.

***This Option is in lieu of legal costs for the suspension.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return COMPLETED and SIGNED claim form to:**  
**Cara Webb – FOP Legal Plan, Inc.**  
**Keenan & Associates, Inc.**  
**PO Box 14590**  
**Albuquerque, NM 87191**  
**Toll free: 1-866-920-6600**  
**Fax: 505-293-6400**

By signing this Form, the claimant affirms that he/she is a qualified Participant in good standing of the FOP Legal Plan, Inc. If it is determined at any time that the claimant is not a qualified Participant in good standing and eligible for benefits, the claim will not be subject to coverage.