

(PLEASE PRINT CLEARLY)  
\*\* ACTIVE MEMBERS ONLY \*\*

# UTAH FOP LEGAL PLAN CLAIM FORM



1. Claimant's full name: \_\_\_\_\_
2. Address, City, State, Zip: \_\_\_\_\_
3. Telephone (w/ area code): \_\_\_\_\_
4. Social Security No. XXX -XX- \_\_\_\_\_ (Last 4 only)
5. Lodge Name: \_\_\_\_\_ FOP Member # \_\_\_\_\_
6. Law enforcement employer and employer's address, city, state, zip  
\_\_\_\_\_
7. Date of incident resulting in (or which may result in) administrative discipline: \_\_\_\_\_
8. Specifically describe the incident leading up to the claim presented (continue on separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
9. Synopsis of administrative charges or discipline (use extra page if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Lawsuit/challenge filed?      YES / NO      (Please forward a copy of the suit)
11. Have you contacted the FOP attorney?      YES / NO      DATE: \_\_\_\_\_
12. Did the FOP attorney do any work beyond the initial consultation? YES / NO

Attorney Name: \_\_\_\_\_

13. Enclose copy of charges, notice of investigation, all documents, including correspondence to/from attorney (except communication that would be deemed "privileged").

Under the 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, up to \$500). Claims for the SRO cannot be taken more than 60 days after the suspension. This option may not be elected nor may benefits be paid for more than one occurrence taking place in any one-calendar year period of time. This Option is in lieu of legal costs. If attorney was used beyond consultation, or if there is an accompanying criminal complaint with the agency discipline that you're using the FOP attorneys for, the SRO is no longer available.

(PLEASE PRINT CLEARLY)  
\*\* ACTIVE MEMBERS ONLY \*\*

# UTAH FOP LEGAL PLAN CLAIM FORM



\_\_\_\_\_  
OFFICER SIGNATURE

\_\_\_\_\_  
DATE

Return COMPLETED and SIGNED claim form to:

**Utah FOP Legal Plan**  
**% Bret W. Rawson, P.C**  
**8941 South 700 East #203**  
**Sandy, UT 84070**

OR SCAN & EMAIL TO: [utah@fop.net](mailto:utah@fop.net) (preferred)

By signing this Form, the claimant affirms that he/she is a qualified Participant in good standing of the Utah FOP Legal Plan. 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 reimbursement. Claimant also affirms they did not use the FOP attorneys at all for this incident beyond an initial consultation.

**\*\*Claims & agency discipline paperwork must be received within 60 calendar days of the final notice of discipline. Allow 30 days of receipt for claim to be paid.**

IMPORTANT!! Claim cannot be processed without the information below

\_\_\_\_\_ (Total Loss of Pay)

\_\_\_\_\_ (Total Hours Lost)

\_\_\_\_\_ (Wage per hour)

ADDRESS REIMBURSEMENT SHOULD BE MAILED TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_