(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. _____ -_____- _____

5. Lodge Name: _____

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. Specifically describe any administrative charges or discipline (use extra page if needed):
_____
_____
_____

10. Lawsuit filed?   YES / NO   (Please forward a copy of the suit)

11. Have you contacted the FOP attorney?   YES / NO

12. Enclose copy of charges, notice of investigation, all documents, including correspondence to/from attorney.

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) or $500.00, whichever is less. 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-year period of time. This Option is in lieu of legal costs. If attorney fees would exceed $500, the SRO is no longer available.

_____
OFFICER SIGNATURE   DATE

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Return COMPLETED and SIGNED claim form to:

Utah FOP Legal Plan, Inc.
2195 West 5400 South #B201
Taylorsville, UT 84129

OR SCAN & EMAIL TO: **foputah@gmail.com**

By signing this Form, the claimant affirms that he/she is a qualified Participant in good standing of the Utah 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.

Claims & agency discipline paperwork must be received within 60 calendar days of the 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:

_____

_____

_____

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