



Washington State FOP Legal Plan - Claim Reporting Form



1. Claimant's full name _____

2. Address _____

3. Telephone: Work _____ Home _____

May we contact you at work? Yes _____ No _____

4. Social Security No. _____ - _____ - _____

5. Lodge _____

6. Law enforcement employer and employer's address:

7. Date of incident resulting in (or which may result in) administrative discipline or lawsuit? _____

8. Describe any administrative charges or discipline:

9. Lawsuit filed? Yes _____ No _____ Court & No. _____

10. Briefly describe your claim: (continue on separate sheet if necessary)

11. Have you contacted an attorney? If so, provide name, address and telephone number.

12. Enclose copy of all administrative charges or lawsuit papers; all letters to or from lawyer; all other documents relating to claim.

13. Sign and date completed form and mail or fax to: **Emmal Skalbania & Vinnedge
WAFOP Legal Plan Administrator
4241 21st Avenue West, Suite 104
Seattle, Washington 98199
Phone: (888-923-6748
Fax: (206) 281-1772**

Signature

Date

Note: By signing this form, the claimant affirms that she or he is a qualified participant in good standing of the Washington State 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 coverage.