



# Washington State FOP Legal Plan – Group Membership Change Form



To enroll please complete fully and accurately.

Lodge or Group Name \_\_\_\_\_ Lodge or Group Number \_\_\_\_\_ New Number of Members \_\_\_\_\_ Phone \_\_\_\_\_

Lodge or Group Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

By submitting a group application for participation, the group agrees that is responsible for and has a fiduciary duty under ERISA to distribute identification cards and summary plan descriptions ([www.wafop.com](http://www.wafop.com)) to each participant in that group upon receiving the information from the enrollment administrator. Further, the group ensures that each participant is an FOP member in good standing.

Contact Person Signature \_\_\_\_\_ Date \_\_\_\_\_

FOP Member Rate:     \$180.00 / year     \$15.00/month

### NEW MEMBERS:

<u>NAME</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>	<u>SSN</u>	<u>FOP#</u>	<u>EMPLOYER</u>

### TERMINATED MEMBERS:

<u>NAME</u>	<u>FOP#</u>	<u>EFFECTIVE DATE OF TERMINATION</u>	<u>REASON FOR TERMINATION</u>

**\*Please complete all applicable sections of application. When finished, return this forms to:**

**Washington State Fraternal Order of Police  
Attn: Legal Plan  
2527 W. Kennewick Ave. #207  
Kennewick, WA 99336  
Phone: 800-644-7207 Fax: 800-234-1784**

\*Note: Coverage effective dates are the first of the every month. Completed applications, including member roster and payment must be received by Washington State Lodge on or before the last business day of any month for coverage to start the first day of the following month. Applications not fully and accurately completed may result in ineligibility for, and non-payment of benefits.