



**MINNESOTA
STATE LODGE
LEGAL DEFENSE PLAN**

APPLICATION

Name _____

Address _____

City _____ **State** _____ **Zip** _____ **DOB** _____

E-Mail Address _____
(important to keep you updated)

Employer _____

Home Phone (____) _____

Work Phone (____) _____

Amount Enclosed _____ **(See instructions below)**

The Minnesota Legal Defense Plan annual fee is \$150.00. The fiscal year for the plan runs from November 1 to October 31. The cost of the plan is pro – rated monthly depending on when you join. Please refer to this chart:

November 1	150.00	May 1	75.00
December 1	137.50	June 1	62.50
January 1	125.00	July 1	50.00
February 1	112.50	August 1	37.50
March 1	100.00	September 1	25.00
April 1	87.50	October 1	12.50

Coverage Starts the first month following us receiving your application (payment received May 10, coverage starts June 1, pay June 1 amount 62.50). Make checks payable to Minnesota L.D.P. Send Check and application to:

Minnesota Fraternal Order of Police
P.O. Box 270026
Golden Valley MN 55427