



MEMBER UPDATE INFORMATION FORM

All PLEA participants in the Legal Defense Program receive the following at **NO** additional cost:

- ✓ HR 218 Plan A (includes \$5,000 Criminal & \$10,000 Civil)
- ✓ \$5,000 Accidental Death & Dismemberment Coverage (24 hour, on and off duty)
- ✓ Discounts available exclusive to PLEA Members (<http://plea.businessadvantageplus.com>)

Please update the following information and return to our office via mail, fax or e-mail (kathyg@plea.net).

Name of Group/Lodge: National Latino Peace Officers NLPOA Clark County Chapter

Member Information:

Client #: _____

Name: _____

Member's Date of Birth: ____/____/____ Member's last 4 digits Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number (____) _____

Cell Number: (____) _____ E-mail: _____

Employer: _____

Position: _____

Work Number: (____) _____ E-mail: _____

\$5,000 Accidental Death & Dismemberment Information:

Beneficiary Name: _____ Relationship: _____

Member's Signature: _____ Date: _____

OTHER PROGRAMS/COVERAGES AVAILABLE TO PLEA MEMBERS:

- | | |
|--|--------------------------------|
| ✓ Accidental Death & Dismemberment (Coverage amounts from \$50,000 to \$300,000) | ✓ Increased HR-218 Coverage |
| ✓ Vision | ✓ Pre-Paid Legal Plan |
| ✓ Telephone Consultation Program | ✓ Cancer Coverage |
| ✓ Moonlighting Coverage | ✓ Qualified Immunity Insurance |
| ✓ Life Insurance | |