

PORAC LEGAL DEFENSE FUND

PLAN ENROLLMENT APPLICATION
For the July 1st, 2019– June 30th, 2020 Period
PO Box 4859 Santa Rosa CA 95402 | membership@poracldf.org

Name of Association: _____ Acronym: _____
AFSCME Council: _____ AFSCME LOCAL No.: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Authorized Representative: _____ Title: _____
Phone: Work: _____ Cell: _____
Email: _____

PLAN II ENROLLMENT INFORMATION

Desired LDF Coverage Effective Date: _____
Total Number of Members in Association (Excluding Reserves and Retirees): _____
Total Number of Members to Enroll in LDF: _____

Initial Entitlement to Benefits will be determined as described in the Plan Document. Please review the Plan Document for full compliancy. Article II, Section 1 of the Plan Document states in pertinent part:

- (a) **Proper Application to LDF** – the date on which the Legal Administrator is in actual receipt of an application to the Legal Defense Fund which in the judgment of the Legal Administrator properly meets the requirements of Sections 1(c) and 2 of this Article;
- (b) **Contribution Made to LDF** – the Member Association makes required contributions on behalf of more than fifty percent (50%) of its members; and
- (c) **Review by Board of Trustees** – The Board or the Legal Administrator, if the Board so provides, shall review each application to ensure that the Member Association satisfies the eligibility policies adopted by the Board.

ASSOCIATION PROFILE INFORMATION

LDF will only release information regarding association membership and billing to individuals authorized by your Association as designated below.

Title	Name	Cell No.	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Association will receive quarterly statements via email to the Billing Contact as designated below.

Billing Contact Name	Cell No.	Email Address
_____	_____	_____

Billing Address: _____
City: _____ State: _____ Zip Code: _____

If you desire to receive statements via US Mail Check Here:

Article II Section 3(b) of the Plan Document states in pertinent part:

- (b) **Time of payment of Quarterly Contributions** -- Payment of the contributions set forth in section 3(a) of this Article, absent compelling circumstances and subject to such conditions as determined by the

Trustees, shall be made in full on a quarterly basis by each Member Association to the Legal Defense Fund on or before the day preceding the first day of the Calendar Quarter for which each payment applies and shall be deemed delinquent on the first day of such Calendar Quarter. A Member Association or Participant may join mid-quarter by payment of a prorated contribution.

The Association is solely responsible for ensuring that LDF has the most up to date and accurate data on their authorized users, contact information, billing information and member roster.

APPLICATION CHECK LIST

To ensure that your request to participate in the Legal Defense Fund satisfies the requirements for eligibility, please be sure to provide the following:

A fully completed LDF application

A roster list of Association Members who will participate in the LDF in Excel format with First Name, Middle Initial, Last Name and email address

A completed Provider Designation Form. To view our LDF Providers, please visit our website at www.poracldf.org/attorneys

First Calendar quarter contributions of:

Number of Members X Plan Rate Fee X Number of Months =

**Please note: If you are joining in the last month of the quarter, 4 months of contributions are required.

(1 Current Month + 3 Months for the Next Quarter = 4 Months Total)

Optional:

By checking this box, you indicate your interest in utilizing our online portal, LPOLS. The portal allows you to add and drop members from your LDF roster, update your association profile and contact information, view your statements and make payments online.

Name _____ Email _____

Application Materials and Payment to be submitted via US Mail to:

P.O.R.A.C. Legal Defense Fund | PO Box 4859 Santa Rosa CA 95402

Upon determination that your application satisfies the eligibility policies adopted by the Board of Trustees, notification will be sent via email to the Authorized User who executed the application.

Any questions or concerns during the application process may be directed to membership@poracldf.org.

ACKNOWLEDGEMENT

The Undersigned acknowledges that by submission of this application, their request to participate in the Legal Defense Fund is pending the determination of the LDF Board of Trustees or the Legal Administrator that the Association satisfies the eligibility policies adopted by the Board. The Undersigned acknowledges that he or she has received a copy of the Plan Document of the Legal Defense Fund, that he or she has read Article II thereof which sets forth the requirements for participation in the Fund and certifies that the Association will make required contributions on behalf of more than 50% of its members.

Signature of Authorized Representative: _____

Title: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Check No: _____ Plan: 2A Rate: \$5.00

Amount Enclosed: _____ LDF Approval Date: _____

LDF No: _____ LDF Effective Date: _____

Process Date: _____ Processor: _____