



IDAHO STATE POLICE ASSOCIATION PLEA LEGAL DEFENSE APPLICATION

Name _____ Phone: _____
(Print)

Address: _____ City: _____
(Home)

State: IDAHO Zip: _____

Social Security # _____ - _____ - _____

I hereby apply for enrollment in the PLEA Legal Defense Fund and participation in the PLEA Trust. I agree to abide by all terms and conditions thereof. I understand that no coverage is in effect until this application is approved by the plan administrator. To my knowledge, I am not presently named in any suit or proceeding or under investigation for a duty related incident except the following:

Date: _____

Signature: _____

Fax applications to (208) 884-0608, "Do Not" fax to HR. We must have a signature. Thank you ☺