

LEOSA HR218 – CLAIM REPORTING FORM

(Please PRINT clearly)



**** RETIRED ONLY ****

1. **Claimant's full name** _____

2. **Address, City, State, Zip** _____

3. **Telephone (w/ area code) Home** _____ **Cell** _____

4. **Social Security No.** _____ - _____ - _____

5. **Lodge / State** _____ **6. Date of incident** _____

7. Specifically describe the incident leading up to the claim presented (continue on separate sheet if necessary):

8. Lawsuit filed? (CIVIL) Yes _____ No _____ (Please forward a copy of the suit)

9. Criminal charges filed? Yes _____ No _____ (Please forward a copy of the indictment)

10. Contacted an attorney? Yes _____ No _____

Name _____

Address _____

Telephone (w/ area code) _____

11. Enclose copy of charges, notice of investigation, all documents, including correspondence to/from attorney.

CLAIMANT SIGNATURE

DATE

Return COMPLETED and SIGNED claim form to:

Cara Webb – FOP Legal Plan, Inc.

Keenan & Associates, Inc.

PO Box 14590

Albuquerque, NM 87191

Toll free: 1-866-920-6600

Fax: 505-293-6400

**CLAIM FORM MUST BE
submitted within 30 days from
the date of incident.**

By signing this Form, the claimant affirms that he/she is a qualified Participant in good standing of the FOP Legal Plan, Inc. If it is determined at any time that the claimant is not a qualified Participant in good standing and eligible for benefits, the claim will not be subject to coverage.