



# LEGAL DEFENSE BENEFIT APPLICATION FORM

FORM MUST BE COMPLETED BY THE PEF MEMBER.

Please type or print CLEARLY.

## SECTION 1

Name of Member:		PEF ID/MIN #:	
Address (street, city, state, zip code):		Work Address (street, city, state, zip code):	
Occupation:		Agency:	Division:
Work Phone #:		Location:	
Home Phone #:		Date of Incident:	Time of Incident:
Place of Incident: <input type="checkbox"/> Work <input type="checkbox"/> Recreation <input type="checkbox"/> Home <input type="checkbox"/> Highway <input type="checkbox"/> Other: _____		What are the charges? <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	

Describe Incident in Detail (Use separate sheet if necessary.):

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Has an attorney been retained?  YES If yes, provide attorney information:  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Is a copy of the retainer agreement attached?  YES  NO      Have you been disciplined by your employer for this incident?  YES  NO

Is a copy of the charges or indictment attached?  YES  NO      Is proof of payment of retainer attached?  YES  NO

Were you working at the time of the incident?  YES  NO

NOTE: ALL OF THE ABOVE INFORMATION IS NEEDED TO PROCESS THE APPLICATION.

## SECTION 2

CERTIFICATION MUST BE SIGNED BY MEMBER

This is to certify that I have read and understand the description of the PEF Membership Benefits Program's Legal Defense Benefit. I further certify that all statements made on this form and as part of my application for benefits, are true and correct, and that the PEF Membership Benefits Program will rely on the truthfulness of such statements. I understand that the information I am required to provide in connection with my application for Legal Defense Benefits will only be used by the PEF Membership Benefits Program to determine eligibility for such benefits and that any misstatements or omissions made as part of my application will subject me to all available remedies, including reimbursement of the PEF Membership Benefits Program for all benefits paid on my behalf pursuant to this application.

I acknowledge and agree that pursuant to Article 37 of the PEF/State of New York Collective Bargaining Agreement and Public Officers Law Section 19, that I am required to seek reimbursement from the State of New York of any reasonable attorney's fees that I incur in defending any criminal charges brought against me in the course of my employment, and that I will reimburse the PEF Membership Benefits Program for any legal defense benefits paid on my behalf, if I recover such attorney's fees from the State of New York or any other third-party.

(Limitations if any)

(Date)

(Signature)\*

(If other than member, state relationship.)

\* To insert your electronic signature, click Fill & Sign on the right navigation, or under Tools, then click on the Sign symbol at the top of the PDF. Create your signature and place on the signature line.

Please email the form to mbinsurance@pef.org or, mail your form to the PEF Membership Benefits Program, 10 Airline Drive, Suite 101, Albany, NY 12205

