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: ☐ **Work** ☐ **Recreation** ☐ **Home** ☐ **Highway** ☐ **Other:** _____

What are the charges? ☐ **Misdemeanor** ☐ **Felony**

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

_____

_____

_____

_____

_____

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

Name: _____

Address: _____

Is a copy of the retainer agreement attached? ☐ **YES** ☐ **NO**

Is a copy of the charges or indictment attached? ☐ **YES** ☐ **NO**

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

Have you been disciplined by your employer for this incident? ☐ **YES** ☐ **NO**

Is proof of payment of retainer attached? ☐ **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 it 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.

PEF MBP New Address Effective April 2026: 40 British American Blvd., Airport Park, Latham, NY 12110

PEF MBP Trustees: Bernadette O'Connor, *Chair* | Wayne Spence | Joseph F. Donahue III | David Dubofsky | Maureen Kozakiewicz

PEF Membership Benefits Program Administrator: Stephanie McLean-Beathley