



LEGAL DEFENSE BENEFIT APPLICATION FORM

FORM MUST BE COMPLETED BY PEF MEMBER. Please type or print CLEARLY.

SECTION 1

Name of Member: PEF ID / MIN #: Address (street, city, state, zip code): Work Phone #: Home Phone #: Occupation: Agency: Location: Division: Work Address (street, city, state, zip code): 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.):

[Blank lines for incident description]

Has an attorney been retained? [] YES [] NO If 'Yes,' give name and address of: Attorney: 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 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.)

Please return to: PEF Membership Benefits Program, 10 Airline Drive, Suite 101, Albany, NY 12205

