



New Jersey State Policemen's Benevolent Association
Legal Protection Plan
Class III Coverage Application

Name _____

Address _____

Phone Number _____ Email _____

DL # _____ PBA LEOSA coverage? _____

Local from Which you retired _____

Are You a member of Local #600 _____

Municipality of your Class III employment _____

I hereby certify that all information provided herein is accurate. X _____

Please enclose a check made payable to N.J.S.P.B.A.L.P.P. in the amount of \$125.00 and Mail to:

N.J.S.P.B.A.L.P.P.
158 Main Street
Woodbridge, NJ 07095

Legal expense coverage is as follows*:

- \$50,000 in criminal and \$50,000 in civil coverage.
- \$3,500 in Target of Criminal coverage.
- \$1,000 in IA coverage (per event).
- Coverage is from the date of receipt of payment or July 1 each year, (whichever is later) through June 30th of the following year.

*Please see the plan document for specific coverage.