



# Dallas FRATERNAL ORDER of Police

## Lodge 588

*Protecting Those Who Protect Others*

1414 N. Washington Dallas, TX 75204  
Office: (214) 821-3479 Fax (214) 826-9078  
Web: [www.dallasfop.com](http://www.dallasfop.com)

### MEMBERSHIP APPLICATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State TX \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Beneficiary: Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Spouse: Last \_\_\_\_\_ First \_\_\_\_\_

Employee # \_\_\_\_\_ Badge # \_\_\_\_\_ Rank \_\_\_\_\_

Work Location \_\_\_\_\_ Watch \_\_\_\_\_ Work # \_\_\_\_\_

***IMPORTANT : The DFOP will only represent you in those incidents that occur after joining the lodge.***

Signature \_\_\_\_\_ Application Date: \_\_\_\_\_

I hereby authorize the City of Dallas, City Manager, and City Auditor to deduct and pay to the organization named \$21.00 bi-weekly for membership dues in:

**DALLAS FRATERNAL ORDER OF POLICE  
LODGE 588**

as provided by resolution of the City Council of the City of Dallas, April 10, 1972. Such deductions shall be in accordance with policies covering payroll deductions, including policies to allocate such deductions to semi-monthly, bi-weekly, or weekly deductions schedules. This authorization is effective first deduction period after submitted and shall continue until cancelled.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Department \_\_\_\_\_ Employee Number \_\_\_\_\_ Payroll Code 06

**DFOP MEMBERSHIP INFORMATION AND BENEFICIARY DESIGNATION**

DFOP must maintain the following data in servicing your membership and retirement contributions. Please complete this form and return it to our office for processing. **ALL INCOMPLETE FORMS WILL BE CONSIDERED INVALID AND RETURNED.**

**DO NOT MAKE ERASURES OR ALTERATIONS.**

Employed by  CITY OF DALLAS  New Member  Current Member  Retired Member

**PLEASE PRINT IN INK OR TYPE**

Your Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ as it appears on your Social Security Card.

Date of Birth (MM-DD-YY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place an "X" in the appropriate box. Sex:  Male  Female

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

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

City: \_\_\_\_\_ State:  TX  Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

**BENEFICIARY INFORMATION**

As a DFOP member, you must designate a beneficiary to receive benefits which may be payable upon your death. The designation may be changed at any time by completing and filing a new form. For death benefits payable, refer to the reverse side of this page. "Texas State Current Benefits 2010".

**TO BE VALID** - This form **MUST BE FILED WITH DFOP PRIOR TO THE DATE OF YOUR DEATH.** Please designate your beneficiary in the space provided below. **You must specify Beneficiary (ies) by name, relationship, and include date of birth if a minor.**

**DO NOT MAKE ERASURES OR ALTERATIONS.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**TO BE VALID, ALL MEMBERS MUST SIGN AND DATE THIS FORM.**

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN TO: Dallas Fraternal Order of Police ~ 1414 N Washington Ave. ~ Dallas, TX 75204**

## Group Life and Accidental Death & Dismemberment Insurance Exclusive to Dallas FOP Members

(Automatically enrolled in this benefit upon membership)

5 Star Life Insurance Company has the best coverage and rate for Group Life and Accidental Death and Dismemberment Insurance. 5 Star has an A-rating which is considered excellent for financial strength and operating performance. 5 Star stated there were special benefits and products that were beneficial to members and exclusive to FOP members.

The plan provides:

- Natural and On Duty death benefits and the benefit doubles if death is due to an accident, which many companies exclude.
- There is no active War or Terrorism exclusion clause.
- This company is the second largest insurer of military and law enforcement personnel.
- The policy is a guaranteed issued to all members of the Dallas Fraternal Order Of Police
- You have an opportunity to upgrade your amount of coverage.
- This special onetime buy up option is with no health questions asked. \*\*\*The exception to this would be if you request a policy of \$100,000.00 or more.
- Health questions will be asked for this amount of coverage.
- If you are interested in increasing your coverage and want the buy up option from the basic \$ 25,000.00 at an additional cost,
- With the Accidental Death benefit, the Certificate Holder has to die within 90 days of the accident occurring.
- If death occurs after 90 days, then it is considered a Natural Death and only the Natural Death Benefit is payable.
- On Suicide - There is a 2 year waiting period provision. - this means suicide is not covered until the policy has been in effect for 2 full years. "This is a standard provision in the Insurance Industry."
- There is a benefit for "Dismemberment"- which means if you lose an arm a leg, or go blind you will receive a benefit.
- For the Buy-up option, there is a requirement for at least 25% participation.
- If you want this benefit then encourage others to increase the basic coverage within the 90 day enrollment period.
- The policy is Portable which means you can take your coverage with you.

The Basic Coverage is \$25,000.00.

● PROUD TO BE FOP ●