

# Coalition of Police and Sheriffs, Inc., Local 911

3605 Katy Freeway, Suite 103, Houston, Texas 77007\* (713) 227-COPS (2677) \* Fax (713) 802-0517

MEMBER'S NAME	
ADDRESS	
EMAIL	
EMPLOYER	

SSN:	DOB:	CELL#:
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## COPS MONTHLY PLANS [CHECK ONE]

**\*REFER TO THE PRICING SHEET FOR DETAILS**

- PLAN A      \$31.95    BASIC ON DUTY COVERAGE ONLY
- PLAN B      \$46.90    BASIC + LEGAL PLUS GOLD FOR MEMBER ONLY
- PLAN C      \$61.85    BASIC + LEGAL PLUS GOLD FOR MEMBER & SPOUSE
- PLAN D      \$65.00    BEST VALUE – COMPLETE COVERAGE 24/7/365 – BASIC + LEGAL PLUS GOLD FOR BOTH FOR MEMBER AND SPOUSE, FAMILY FIREARM PROTECTION PLAN FOR SPOUSE AND MORE.....**

OPTIONAL/ADDITIONAL FEES:  
 \$\_\_\_\_\_ AFLAC MONTHLY PREMIUM

Explanation: PAYROLL DEDUCTION AUTHORIZATION FOR HARRIS COUNTY EMPLOYEES TO PAY MONTHLY DUES TO C.O.P.S. LOCAL 911 (TYPE 2575)  
 County Auditor's Form 777  
 Harris County, Texas (REV. 08/07) PAYROLL DEDUCTION AGREEMENT. All legal issues regarding member that existed prior to membership is not covered.  
 I, the undersigned County (C) or Flood Control District (F) employee, hereby authorize the Harris County Auditor to make monthly payroll deductions from my pay in the following amount:

CODE	CF	DEPARTMENT	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DEDUCTION TYPE	MONTHLY DEDUCTION AMOUNT
<b>D</b>	<b>C</b>				<b>2575</b>	<b>\$</b>

Deduction Type	Description	Deduction Type	Description
2571	Sheriff Association Dues	2576	TX Coalition of Law Enforcement Officers
2572	Afro-American Sheriffs Deputy League	2577	Mexican American Sheriff Organization
2573	CLEAT	2578	Fraternal Order of Police Lodge #39
2574	HCDO	2800	Concerns of Police Survivors, Inc.
<b>2575</b>	<b>Coalition Of Police &amp; Sheriffs, Inc.</b>		

**Such deductions as are made under this agreement are to be paid to: COALITION OF POLICE & SHERIFFS INC. [type 2575]**

In consideration for the County or Flood Control District making such payroll deductions, the undersigned employee releases the County Auditor, the county, and the Flood Control District from any and all liability, and waives all errors, if any, made by way of the deduction or failure to make a deduction.

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Witness Name (Printed or Typed)**

\_\_\_\_\_  
**Employee Name (Printed or Typed)**

Complete this form and fax to C.O.P.S. at (713) 802-0517 or scan/email to COPSUNION@aol.com

coverage will begin immediately upon receipt of this form. This form replaces any other payroll deduction you have submitted from C.O.P.S. in the past.