



C.O.P.S. LOCAL 911

Coalition Of Police and Sheriff's Inc.
3605 Katy Freeway, Suite 103, Houston, TX 77007
(713) 227-COPS (2677) * Fax (713) 802-0517
Email: ADMIN@copsweb.org
www.COPSweb.org



MEMBERSHIP APPLICATION FOR HARRIS COUNTY EMPLOYEES ONLY

FULL NAME		
Address, City, State & Zip		
Personal Email Address		
Employer's Name		
SSN:	EMPLOYEE ID#:	CELL PH#:

COPS MEMBERSHIP PLANS (Check One)

<input type="checkbox"/> PLAN A	\$31.95 MO	\$14.75 BI-WEEKLY	Basic ON-Duty Plan – Work Related Legal Issues Only
<input type="checkbox"/> PLAN B	\$46.90 MO	\$21.65 BI-WEEKLY	Basic + Off Duty Coverage + Legal Plus Gold for Member Only
<input type="checkbox"/> PLAN C	\$61.85 MO	\$28.55 BI-WEEKLY	Plans A & B + you can ADD dependents to this plan at an add'l \$14.95 Mo/\$6.90 Bi-Weekly for each person such as Parents, adult children, or significant other.
<input type="checkbox"/> PLAN D	\$65.00 MO	\$30.00 BI-WEEKLY	COMPLETE PACKAGE – BEST VALUE! On & Off duty coverage, Legal PLUS Gold that reimburses member \$200/Dy for disciplinary suspensions and \$3000 if terminated after appeal (member only), Free Documents such as Wills and Power of Attorney, Family Firearm Protection Plan for SPOUSE, and more.



Optional Fees not Included In the Above Amounts:

- \$_____ AFLAC Monthly Premium/Contact Aflac Agent for Details
- \$_____ American Income Life/Contact AIL Agent for Details

HOW TO PROCESS YOUR APPLICATION:

1. *FILL OUT* the “MEMBERSHIP APPLICATION” and *SIGN* the “PAYROLL DEDUCTION AGREEMENT” and ADD your **EMPLOYEE ID#** that is located on your payroll statement; and
2. Send **BOTH FORMS** to the C.O.P.S. Administrative Office via Scan to Email to ADMIN@copsweb.org or Fax 713-802-0517.

Coverage will start immediately upon receipt of both forms. Preexisting legal Issue are not covered.



C.O.P.S. is a local Charter of the International Union of Police Associations [I.U.P.A.]. Your membership with C.O.P.S. entitles you to all benefits and savings available to I.U.P.A. Members. www.IUPA.org

THE SIGNED PAYROLL DEDUCTION AGREEMENT [FORM 777] MUST BE ATTACHED!

PAYROLL DEDUCTION AGREEMENT

Date _____

I, the undersigned County (C) or Flood Control District (F) employee, hereby authorize the Harris County Auditor to make biweekly payroll deductions (amount will **not** be deducted from the third pay period of the month).

EMPLOYEE ID NUMBER	BUSINESS UNIT (DEPARTMENT)	EFFECTIVE DATE

GENERAL DEDUCTIONS

DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT	DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT
003	Union 1550 Dues		014	Harris County Federal Credit Union (HCFCU use only)	
004	Afro-American Sheriff's Deputy League		015	Concerns of Police Survivors, Inc. local chapter (COPS) (min. \$2.50)	
005	Cleat		016	Harris County Sheriff's Office Benevolence Association (min. \$2.50)	
006	Harris County Deputies' Organization		017	United Way of Baytown Area (min. \$2.50)	
X 007	Coalition of Police & Sheriffs, Inc.		018	United Way of Greater Houston (min. \$2.50)	
008	Texas Municipal Police Association		019	Community Health Charities Texas (min. \$2.50)	
009	Mexican American Sheriff Organization		020	Harris County Official Court Reporters Association (min. \$25.00)	
010	Fraternal Order of Police Lodge #39		059	Houston Food Bank (min. \$2.50)	
011	Houston Federation of Teachers		060	The 100 Club (min. \$2.50)	
013	Non-owned Auto Liability				

DEFERRED COMPENSATION

022	Nationwide Def. Comp. BT (before tax) (min. \$12.50, regular employees only)		025	Nationwide Def. Comp. AT (after tax) Roth (min. \$12.50, regular employees only)	
023	Vallc Def. Comp. BT (before tax) (min. \$12.50, regular employees only)		026	Vallc Def. Comp. AT (after tax) Roth (min. \$12.50, regular employees only)	
024	Voya Def. Comp. BT (before tax) (min. \$12.50, regular employees only)		027	Voya Def. Comp. AT (after tax) Roth (min. \$12.50, regular employees only)	

DEFERRED COMPENSATION SPECIAL CATCH-UP (Vendor form required)

045	Nationwide Def. Comp. BT SPCL (before tax) (min. \$12.50, regular employees only)		048	Nationwide Def. Comp. AT SPCL (after tax) Roth (min. \$12.50, regular employees only)	
046	Vallc Def. Comp. BT SPCL (before tax) (min. \$12.50, regular employees only)		049	Vallc Def. Comp. AT SPCL (after tax) Roth (min. \$12.50, regular employees only)	
047	Voya Def. Comp. BT SPCL (before tax) (min. \$12.50, regular employees only)		050	Voya Def. Comp. AT SPCL (after tax) Roth (min. \$12.50, regular employees only)	

Such deductions as are made under this agreement are to be paid to:

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.

Employee Signature

Witness Signature

Employee Name (Printed or Typed)

Witness Name (Printed or Typed)