Las Vegas Police Protective Association,
Civilian Employees, Inc.
1640 Alta Drive, Suite 11
Las Vegas, NV 89106
(702) 382-9121

MEMBERSHIP APPLICATION FORM

[PLEASE PRINT]

P#_____

Last Name_____ First Name_____ Middle Initial___

Address_____

City_____ State_____ Zip Code_____

Home Phone#_____ Cell/Other_____

Date of Birth_____ Date of Hire_____ Circle One: M F

SS#_____ - _____ - _____ Personal Email_____

Facebook Account Name_____

Signature_____ Date_____

- Your dues payments may be tax deductible as a miscellaneous expense, but are NOT deductible as a charitable contribution.
- LVPPACE dues can be stopped during the drop period (see Collective Bargaining Agreement, Article 6.1) after one full year from date of sign up.
- This form ***must be*** accompanied by the Payroll Deduction Form & Beneficiary Designation Form (Both attached) if you are a new member.
- As a new member, please complete all three (3) forms & return to the LVPPACE Association Office

Received By_____ Date_____

For Payroll Use

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

PAYROLL RECURRING DEDUCTION SHEET

Employee Name	P#	Daytime Contact Number

Wage Type	Deduction Type	Deduction Amount	Start Date	Stop Date	
	DUES *Contact respective association to join.*				
5009	Black Police Dues (24 pay periods)				May cancel at any time.
5010	NLPOA Dues (24 pay periods)				May cancel at any time.
5007	PMSA Dues (24 pay periods)				Contact PMSA to cancel.
5005	PPA Dues (24 pay periods)				Contact PPA to cancel if outside of Oct 1-Oct 20.
5006	PPACE Dues (all pay periods)	$15.16	ASAP		Contact PPACE to cancel if outside of Mar 1-Mar 20.
5008	SPA Dues (24 pay periods)				May cancel at any time.
	MISCELLANEOUS DEDUCTIONS				
5200	Law Enforcement Assist Fund - LEAF (24 pay periods)				☐ One Time ☐ Recurring
5415	National LEO Memorial Fund (all pay periods)				☐ One Time ☐ Recurring
5435	PMSA Foundation (24 pay periods)				☐ One Time ☐ Recurring
5400	United Way (26 pay periods)				☐ One Time ☐ Recurring
	LOANS				
					Original Loan Amount
5411	Employee Reimbursement		Reason:		
5223	BPA Loan (all pay periods)				
5220	PPACE Assoc. Loan (all pay periods)				
5210	SPA Loan (24 pay periods)				
5410	Purchase Retirement (24 pay periods)	*Contact PERS to initiate purchase. May cancel at any time.*			
5413	Purchase Retirement 2 (24 pay periods)				

Employee Signature & PN ***Date*** ***Representative Signature*** ***Date***

(Sign name as it appears on paycheck)

Prudential

Group Insurance Beneficiary Designation/Change

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.
- Unless otherwise indicated in Section 2, the information supplied on the form will apply to all the Group Life coverage(s) issued by The Prudential Insurance Company of America (Prudential) to the group contract holder.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to three primary and three contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

Individual: "Mary A. Doe"
- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, relationship and date of birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"
- Select "Other" as the beneficiary description and write "estate" in the blank space provided.
- Indicate the percentage to be assigned to the estate of the insured.

Corporation/Organization: "ABC Charitable Organization"
- Select "Corporation/Organization" as the beneficiary description.
- Write the legal name of the corporation or organization in the space for the beneficiary's first name.
- You must provide the address, city, and state of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."
- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. AUTHORIZATION/SIGNATURE

- The employee must read, sign, and date the authorization.
- Submit the completed form to your benefits administrator or Human Resources (as directed by your employer) and keep a copy for your records.

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1. EMPLOYEE INFORMATION (please print)

Last Name	First Name	MI	Employee ID # (if applicable)	Marital Status (check one) ☐ Married ☐ Widowed ☐ Single ☐ Divorced	Gender (check one) ☐ Male ☐ Female	Has this insurance been assigned? ☐ Yes ☐ No

Address	City	State	ZIP Code	Daytime Phone	Home Phone	Date of Birth	Date of Hire	Date of Retirement (if applicable)

Name of Employer/Group Policyholder	Group Policy No	Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan. This form applies only to my _____ coverage(s).

Prudential

Group Insurance Beneficiary Designation/Change

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

A. Primary Beneficiaries

Beneficiary Description (check one)	First Name MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
☐ Individual ☐ Other_____ ☐ Trust ☐ Corporation/Organization								
☐ Individual ☐ Other_____ ☐ Trust ☐ Corporation/Organization								
☐ Individual ☐ Other_____ ☐ Trust ☐ Corporation/Organization								
							TOTAL: (must equal 100)	

B. Contingent Beneficiaries

Beneficiary Description (check one)	First Name MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
☐ Individual ☐ Other_____ ☐ Trust ☐ Corporation/Organization								
☐ Individual ☐ Other_____ ☐ Trust ☐ Corporation/Organization								
☐ Individual ☐ Other_____ ☐ Trust ☐ Corporation/Organization								
							TOTAL: (must equal 100)	

3. TRUST DESIGNATION – COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2

Trustee's Name (First, MI, Last)	Address (include city, state, ZIP)

And successor(s) in trust, as Trustee(s) under _____ **dated** _____ **as amended and executed by me and said Trustee.**
Title of Agreement Date of Agreement

4. AUTHORIZATION/SIGNATURE

I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

Employee's Signature X _____ Date _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.