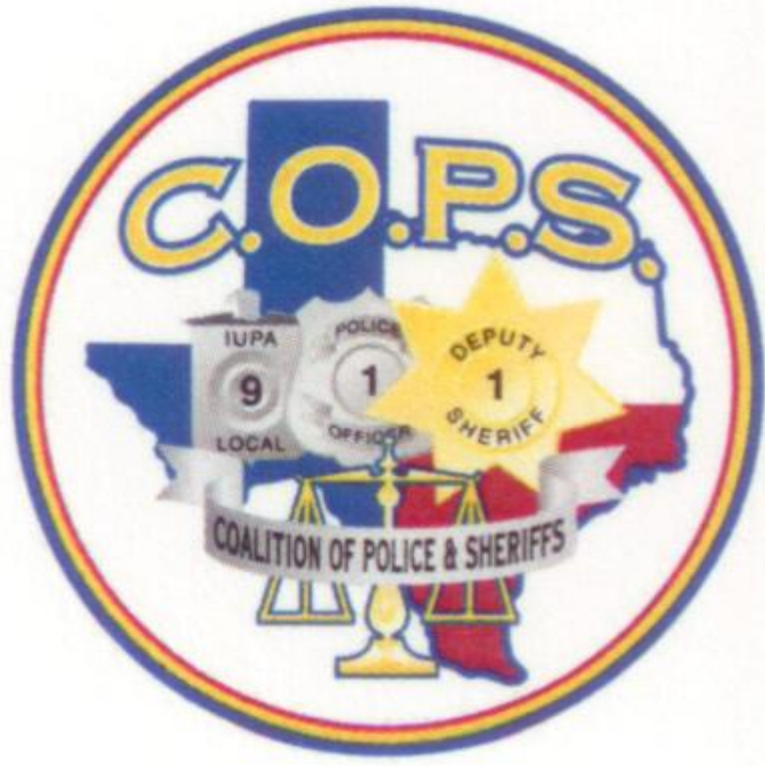


C.O.P.S.



FAMILY FIREARM PROTECTION PLAN

OFFERED EXCLUSIVELY TO C.O.P.S. LEGAL PLUS MEMBERS

DEPENDENT COVERAGE CHANGE FORM

Member's Name:

Eff Date of Change:

IMPORTANT:

ONLY PERSON(S) NAMED

ON THIS FORM WILL

BE ENTITLED TO LEGAL

REPRESENTATION for Firearm Defense!!!

Plan A INDIVIDUAL PLAN

ONE (1) ADULT FAMILY MEMBER ONLY

\$13.95 a month

Change my Dependent coverage to the following:

New Dependent's Name

DOB

EMAIL

Dependent's Phone Number

Plan B FAMILY PLAN

SPOUSE + TWO (2) ADULT FAMILY MEMBERS

\$19.95 a month

Change my Family Dependents to the following:

#1Dependent DOB

EMAIL Ph#

#2Dependent DOB

EMAIL Ph#

#3Dependent DOB

EMAIL Ph#